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UNIVERSITY OF MARYLAND

THESES

1884 (c)

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[1] Illegible due to binding error. No title page. Legal paper.

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Author	Title
Hammer, Ludwig	Tuberculosis Pulmonum et Laryingis. Phthisis Tubercolosis[2]
Linthicum, John W.	Chronic Cervical Endometritis[3]
Hummel, Arthur L.	Indigestion

[2] Text in inner margin lost in binding process.
[3] Color floral stickers on title page and back of final page.

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UNIVERSITY OF MARYLAND

THESES

1884 (c)

~~ressby~~ Pressly, J. M.	Acute Rheumatism	33p.
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1 Title page calligraphy
2 Small paper
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4 Title page calligraphy. Color floral stickers on title and back of final page.

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Acute Rheumatism

The term rheumatism from (ῥευματικός) is used to denote a constitutional disease characterized by certain local manifestations.

This disease is sometimes called "Rheumatic arthritis," as it involves the joints, & as they present the appearance of inflammation. The membrane lining the joints is inflamed, but rheumatic inflammation, in this condition, differs from ordinary inflammation, in that it very seldom

leads to the exudation of lymph, suppuration, or to the production of new tissue, & the inflammatory condition often completely disappears in the course of a few hours.

"Acute articular Rheumatism" is rarely fatal, except in cases where the inflammation attacks some internal organ. Little change is to be found in the joints after death. In some cases, however, an effusion of a turbid fluid

is to be found in the arti-
-cular cavity? In rare
cases flocculi of fibrin
have been discovered
in the cavity. The
synovial membrane
is thickened & the sur-
-rounding parts more
vascular. Fibrin in the
blood, or the elements of fibrin, is decidedly incre-
-ased in this disease.
In the course of this
disease certain other
organs are liable to be-
-come affected. The infla-
-mmation is generally
seated in the pericardium.

to one or two days, hence the name "Rheumatic fever". The fever & local manifestations occur generally at the same time. Pain & soreness of the joints sometimes precede for a variable period, the development of the disease, which is always denoted by an affection of one or more joints. The local signs or symptoms are pain, increased heat, redness of the skin, swelling & tenderness on pressure. The pain differs in intensity in different persons, but as

a bed, it is not very [illegible] as long as the parts affected, are kept perfectly quiet. moving about is sure to bring about pain & in very severe cases, the least jarring of the bed or room will give rise to great suffering. Pressure over the joint is painful. Swelling is most apparent in the joints not covered with muscle, (viz) the knee, wrist, elbow, ankle, & the smaller joints of the hands & feet. It is less apparent in the

hip & shoulder, The swelling is due, in part, to a morbid increase of liquid within the synovial cavity, & in part to the effusion into the surrounding structures. The redness is due to an erythema in the form of patches or zones which do not present well defined borders. The redness, like the swelling, is not apparent over the hip & shoulder, but only over joints comparatively superficial. The swelling & the redness are in general, proportionate to the

acuteness of the rheuma-
-tism. In some cases sev-
-eral joints are affected
either at the same time,
or in quick succession;
in others the affection
is limited to a single joint
for a greater or less pe-
riod, but in the course
of the disease, in most
cases, various joints
are successively affected.
It is a peculiarity of the
rheumatic inflammation
to leave one or more
joints abruptly, & to at-
tack other joints. As the

effusion into & about the joint is serous, & as, besides this, only a condition of hyperaemia is present, it is not surprising that such sudden transitions take place. Cases differ as regards the number of joints affected in the course of the disease; in some cases few or no joints escape, & in other cases, it remains limited to a few joints or even to a single joint.

The disease seems to pursue a certain order in its visits to the articulations first

touching at the right-ankle joint, then flying over to the left, then the right knee is reached, afterward the left.

In the mildest cases, with few joints affected, & without complications, the fever is slight, consisting of an exacerbation developing toward evening, & entire freedom from any increased body-heat the rest of the time. In severer cases, however, there is fever, of a somewhat remittent type, the

exacerbation occurs in the afternoon. The maximum rarely exceeds 104° Fah. & the usual Temperature is 100° to 101° in the morning & from a half to one degree higher in the afternoon. The range of the febrile heat is not uniform. The Termination of the febrile movement is usually not by crisis. The rate of pulse is not narrowly conformable to the Temperature, because it is accelerated by other causes chiefly by pain. Usual

ing is a prominent symptom & occurs mostly at night. The sweat is acid in reaction, & the linen & person of the patient have a strong acid odor. It also contains urea, & the acidity is supposed to be due to lactic acid. As in other diseases characterized by by profuse sweating, sudamina appear on the skin. The severe loss by the skin necessarily lessens the quantity of urinary water. The

urine is strongly acid in reaction, of a deep red color, & deposits a great quantity of urates & uric acid. The chlorides of the urine are diminished, the sulphates are increased Albumen is present in the urine in small amount. The saliva becomes acid. The tongue is coated. The appetite is either lost or greatly impaired. Thirst is sometimes great.

The course of acute

rheumatism" is much influenced by complications. Endocarditis occurs in a considerable number of cases. I is not, however, as frequent as it was once supposed. The inflammation, as a rule, is limited to the membrane lining the left cavities of the heart, & it affects especialy the portion of this membrane, situated upon the mitral valve. In a large proportion of the cases of valvular

lesions of the heart, more
especially mitral lesions,
their point of departure
is rheumatic endocarditis.
Pericarditis occurs less
frequently. As a rule, when
pericarditis becomes localized,
endocarditis coexists. The
inflammation of the endo-
cardium & pericardium sometimes appear first, the
joint affection appearing
subsequently. Young people
are disposed to cardiac com-
plications, the younger
the patient, the greater the
risk of the heart becom-

-ing affected. The structures of the heart are liable to be involved at any period during the course of the disease, but they are more liable, at the early & middle period. Comparatively rare com-plications are bronchitis & pneumonia the former occurring more frequ-ently. Pleurisy is still more common, because induced by contiguity of tissue & hence of the left side chiefly, although it may be double. These

complicating diseases differ in no material way from the same idiopathic affections. Meningitis has rarely ceased, I doubtless, of the cases reported, most of them are examples of cerebro-spinal meningitis.

The duration of this disease, is materially affected by the complications, by the treatment, & by the number of joints affected. If more than six joints

are visited, the duration of the acute symptoms will not be less than two or three weeks; & if a dozen joints are affected, one after the other, the duration will be scarcely less than six weeks.

The Pathological character is slight, as compared with the apparent extent of the mischief. The synovial membrane is injected more or less deeply, & is highly vascular. The membrane

has lost its pearly appearance, & is cloudy & granular. The synovial fluid is increased in amount, & is changed in character. Instead of being a transparent, viscid fluid, it is thin, watery, reddish from extravasated blood, muddy from the presence of a few corpuscles. There is never any considerable amount of blood present in the fluid, except in cases of hæmorrhagic diathesis

The morbid principle in the blood is supposed to be lactic acid, & that this materies ~~materies~~ morbi, circulating with the blood, acts upon certain parts, & gives rise to the local manifestations of the disease.

The causes of this disease are predisposing & exciting but, a special predisposition is necessary, or rather the disease involves a rheumatic diathesis. This predisposition may be

congenital & inherited,
or it may be acquired
Protracted stay in damp
apartments, lying between
damp sheets all night,
exposure of the body
to cold & wet when in
a heated & perspiring con-
dition, are frequent caus-
-es of attacks. The pre-
disposition already
existing. The seasons
of greatest prevalence
are winter & spring, &
the occupations most
favorable are those in
which there is the most

frequent exposure to inclement weather it is a disease of frequent occurrence in all climates within the Temperate zone, but is comparatively rare in Tropical & frigid latitudes.

A well developed acute rheumatism can scarcely be mistaken for any other disease, but there may be difficulty in differentiating it from pyaemia, rheumatoid arthritis, acute gout,

urethral rheumatism, & hysterical joint. Pyæmia differs from it in the type of fever, the periodical sweats, the jaundice, the prostration & the suppuration and disorganization of joints. Acute rheumatoid arthritis is distinguished from the constitutional disturbance, from sweats, & from cardiac lesions. From acute general gout it is distinguished by the fever, the sweats & cardiac trouble.

Urethral rheumatism attacks one joint, the ankle or wrist, usually, does not migrate, is severe to recover, there is no fever, & is coincident with a urethral discharge. Hysterical is without swelling or change of temperature, is extremely sensitive, when the attention is fixed on it, & can be handled roughly when the attention is directed to other objects, & is accompanied with other

hysterical manifesta-
tions.

Opinions have been,
& are still greatly divi-
ded as to the best treat-
ment of this disease.
The most commonly
adopted treatment at
present is the "Alkaline
Treatment". Recoveries
under this treatment
have taken place many
times, within a week,
where the symptoms have
indicated a long attack
The bicarbonate of potas-
sa. The bicarbonate of

soda, & the tartrate of potassa & soda. Two drachms of bicarbonate of potassium, given in a state of effervescence by means of an ounce of lemon-juice, or a half drachm of citric acid, in four ounces of water, every three or four hours. If the bowels are torpid, as is usual, two compound cathartic pills may be given. If the urine no longer exhibits an acid reaction

after twenty-four to thirty-six hours, the quantity of alkali is diminished one-half of the urine continues alkaline at the end of another twenty-four hours, three drachms in twenty four will do; if on the fourth day, if the alkalinity of the urine continues, a tonic may be added to the alkali, consisting of three grains of quinia, with a half-drachm of bicarbonate of potassium, three times

a day. The diet should be restricted, to milk, beef tea, or broth, barley water, & solid food ought not to be given, until the tongue is clean, & convalescence is established. To relieve as quickly as possible prostration & cardiac affections, the alkali related should be given at once, & in large doses This treatment is particularly applicable. To the obese. Avoid &

drinkers of malt liquors". Another plan of treatment for "acute rheumatism" is by salicin & salicylic acid. Either remedy to be effective must be given in large doses, but in proportion to the symptoms. Salicin should be given in the doses of from Twenty five to thirty grains, repeated every two hours, & in very severe cases, even hourly. These doses are to be continued, until pain is relieved & the tempera-

ture diminished. This result generally follows in from twenty four to forty-eight hours. The dose should be gradually diminished for a week or longer. Large doses, however, are to be resumed, whenever fever & acute arthritic symptoms return. The salicylic acid is usually given in the form of salicylate of soda, the dose being a scruple or more, repeated every two, three, or four hours,

according to the symptoms.
In these doses, it is apt
to irritate the Throat &
Stomach; it has in some
cases, produced alarm-
ing toxical effects & even
death. These facts render
its use in profession le. This
mode of treatment
does not conflict with
that by alkalies, & hence,
the two modes may be
combined. In the pale,
feeble, & anaemic young
subjects, affected with
acute rheumatism, alka-
lies are a sure to be

depressing, & are followed by a tedious & protracted convalescence. In this class of cases, a valuable resource is had, in the tincture of chloride of iron, when given in large doses & half drachm of the tincture to six ounces of water taken through a glass tube every four hours. It seems to act as a prophylactic against the disease when an attack is impending.

Another ... kind of

treatment is by "trying
blisters". That is, the ex-
cessive application
of blisters to different
affected parts. It relieves
pain remarkably. It is
said to change the
reaction of the urine,
from acid, to neutral,
or alkaline. It prevent
complications. With
blisters may be com-
bined the assistance
of the other plans of
treatment. Thus far,
I have given the
most important treatment.

...on. Asthma may be defined as dyspnoea of a peculiar urgency and nature, generally unaccompanied [illegible] recurrent often periodic and mainly attended by cough or expectoration, more [illegible] caused usually by dry rales, and compatible with very good health in the intervals of the attacks.

...ry The history of asthma may be divided into the history of the paroxysm and the [illegible] history of the disease.

Before the attack sets in it

...m is of the utmost importance for the asthmatic to be aware that

...v. it is very commonly [illegible] by certain premonitory symptoms with which his experience has made

time familiar, and of which it has given him the infallible interpretation. It is, however, more common for there to be no actual premonitory symptoms, but for the [illegible] of the attack to be the only [illegible] of its [illegible]. When premonitory symptoms do occur they are generally referable to the nervous system, as for example unusual buoyancy of spirits and mental excitement, or depression, lethargy, and an irresistible sleepiness. A very common symptom is pyrexia during the patient

of an active career, It always
threatens [illegible]
threatens, nay more, from the
time at which it is most
apt to occur - the early morn-
ing - the patient - has not -
even the warning of its premoni-
-tory symptoms, but sleeps
through them till he a-
wake to find himself with
the attack full upon him.
[illegible]
[illegible]
return to consciousness may
not be among the full
developed horrors of the
asthmatic struggle, the distressing
symptoms when they [illegible]

themselves by day or night, consist in a faint development of the characteristic symptoms of asthma, a slight feeling of constriction across the chest, a short dry cough, a tendency to wheeze, and an indisposition to exertion. The asthmatic's family notice that he [illegible] about with his shoulders higher than usual, and he complains of the flatulent distension which renders the girth round the epigastrium greater than usual, so that he [illegible] his [illegible] to give himself ease and [illegible]. This [illegible]

sensation the circumference of the chest is really considerably increased, and the patient would attribute it to a distension of the stomach with [illegible]. No doubt, in many instances there is a large development of gas in the stomach at the commencement of the asthmatic paroxysm; but in the great majority of the instances this,— increased girth of the chest and distension is partially, due to that enlargement of the cavity of the chest which always accompanies the asthmatic state, and is a result of it.

and which enlarges the girth of the chest by the elevation of the ribs, and abdomen by the depression of the diaphragm. These irritating symptoms may last for several days, and then culminate in one attack, the patient complaining about complaining of irritating sense of constriction across the chest, a great panting in lungs, and a greater and greater incapacity for exertion. At this time the attack is at once so fully developed, that it can hardly be said to have any initiatory symptoms at all, when the paroxysm is

rounded, and the sweats often pours off the face [illegible] of the respiratory efforts.

These efforts are so great that the body is quite convulsed by them, the shoulders are thrown up, the head thrown back, and the mouth opened at each inspiration: and all the muscles [illegible] [illegible] [illegible] [illegible] with the chest thrown into violent action. The patient cannot bear anything tight around his body, all his clothes must be loosened all curtains drawn around him seem to increase his

sense of suffocation, sometimes he will sit by an open window the whole night in the coldest weather so great is the desire for fresh air; he feels as if death were impending as if his chest were bound with iron, and as if the only thing that would give ~~at~~ him relief would be to cut it open. The extremities are often cold especially the lower extremities, although the perspiration may be running from the face at the same time; the pulse is small and quick.

On listening to the patient[illegible]
chest everything sounds [illegible]
in [illegible] [illegible] notes of
high pitch, and mostly
sibilant; among these is
also often heard sonorous
rhonchus. These sounds are mul-
titudinous, of all pitch, and
utterly discordant squeaking,
chirping, mewing, whistling,
cooing, buzzing and fifty other
sounds. They are almost
invariably louder at expira-
tion, and sometimes confined
to it. The typical sounds
of asthma are of this
dry character, occasionally
however, moist rales are

heard either from the asthma being complicated with bronchitis, or from the attack approaching its termination when mucous is being poured out. But there is one auscultatory phenomenon in asthma, which although negative in its character and apt to be overlooked, is far more important and significant than these noisy manifestations of bronchial stricture; it is the almost complete, or total absence of the respiratory murmur. this is not only heard because

it is drowned by other sounds, but because it is really for the time being in abeyance; for even when the musical rales are absent, as they are sometimes, the respiratory murmur is equally defective. The reason of this absence of respiratory murmur is that the bronchial spasm prevents the air reaching the recesses of the lungs in sufficient quantity to generate it. The more severe the asthma, the more com-plete is the loss of the respiratory murmur and

no sound; but the [illegible]
pitch than the normal
respiratory sounds are, inaudible.
Percussion during a paroxysm
of Asthma, is always
exaggeratedly resonant in
this, the chest distension,
and the loss of respiratory
murmur, the condition bears
a striking resemblance to
emphysema; in one respect,
however, besides the temporary
duration of these signs, there
is a marked contrast; in
emphysema, the intercostal
spaces are not depressed,
even in strong inspiration,
while in Asthma they

are drawn in to an extra-ordinary degree; and not only the intercostal spaces but all yielding parts bound-ing or lying contiguous to, the chest cavity, as the supra-sternal and supra-clavicular fossae, and the scrobiculus cordis

Such is the history of an asthmatic paroxysm. But, besides the features of a paroxysm, there are certain points in the history of the disease that deserves notice. Of these I will especially advert to three:-

First. The periodicity that

the disease so frequently exhibits; secondly, the change of phases that time impresses on many cases; and thirdly, the influence which sex and age appear to exercise on the liability to the disorder.

Periodicity, That asthma is markedly so, no one who has watched it can doubt; although in some instances there appears to be no particular order in which the attacks are apt to occur, yet in the majority of cases the interval is well marked.

and so many minutely
and singularly regular.
This is one point among many
others, that vindicate for
Asthma a place among
the neuroses. But while
each case preserves its own
periodicity with more or
less regularity, there is no
particular period for Asthma
itself; for while in one case
the attack will occur once
a month, in another once
a year. So regular is the
time of recurrence in some
cases that the asthmatic
knows exactly when to
expect the attack.

A change of type by stages — it is not at all uncommon to see the features of a case change considerably as time advances, and ultimately differ very much from what they were at first. But there is a certain type of change that commonly obtains, so that it is possible in any given case to predict what the effect of time will probably be. As a rule, the attacks are most violent in the early history of a case, and gradually become less and less severe. It is

very common for patients to say. "I never have those awful attacks now, that I used to have, they seem to have quite left me." But while the attacks become milder they often become more frequent, so that a monthly periodicity may be exchanged for a weekly, or diurnal one. At the same time, another change is generally going on, - the breathing in the nutrient is getting less and less fine; certain slow organic changes are gradually being impressed on the lungs by the repetition

of the attacks by which their functional integrity is increasingly impaired, so that while at first the attacks are severe and distant, and the breathing in the interval like that of a healthy person after a time the paroxysms become so slight and frequent and the breathing so constantly rapid, even at the best, that there can hardly be said to be any distinct attacks and the disease has ceased to be paroxysmal.

Age and Sex.— It is a commonly received opinion that Asthma is a disease

of [illegible] age. Nothing
can be more erroneous. It
is [illegible] age,
and [illegible]
[illegible] peculiarly a disease
of old age. That [illegible]
the history of many cases
you will find, that a larger
number of cases take their
origin in the first ten
years of life than in any
subsequent equal period.
During youth from ten to
twenty few cases originate,
but from that time up to
fifty, the asthmatic tendency
regularly increases. Thus that
time forward, [illegible]

[illegible] take their wages. No doubt, many old persons are asthmatic; but that is simply because many asthmatic people reach old age. It must be borne in mind too, that with respect to old people the word "asthma" is very closely used; three fourths of the "asthma" of old persons are due to chronic bronchitis. Men are liable to asthma in the relation of two to one of women.

Varieties of Asthma.

All cases of asthma fall, I think, under one of two

main divisions - Idiopathic or Primary, and Symp-
-tomatic or Secondary.
Idiopathic Asthma is the inherent and essential form of the disease that occurs independent of and uncomplicated with any other affection. The best marked, most typical, and characteristic cases and I may add the most severe are of this kind. In these cases we generally get considerable intervals, being marked by perfect freedom of breathing, and the attacks by a regular periodicity.

apt to come on in [illegible] this [illegible] after taking food. It may be entirely regulated by diet, and brought on at any time, or kept off indefinitely at pleasure according to what is eaten, and when. It is essentially independent of the true spasmodic cause of asthma, and is (through the stomach) more amenable to treatment, and more hopeful than any other form.

Bronchitic Asthma perhaps the commonest of all, is distinguished from all others

varieties by certain well-marked characteristics. It is only caused by the causes of bronchitis, especially cold.

The third variety, least common of all is the Cardiac Asthma, or asthma complicating heart disease and depending on heart disease. A great deal that goes by the name of Cardiac Asthma is not asthma at all; it is simply cardiac dyspnoea, unattended with any bronchial spasm; now and then, however, a heart-case is met with in which the paroxysms of the true asthma

occur attended with wheezing, prolonged expiration, and other characteristic signs of asthma. On these cases, I have no doubt that the immediate exciting cause of the asthma is the pulmonary congestion produced by the heart disease.

Causes of Asthma. —

The causes of asthma may be divided into two classes: those affecting the air-tubes, primarily more directly and those applied to some remote part. Of those that are brought to bear directly upon the air tubes there are three kinds; First

[illegible] inhaled. Second, from
offending condition of the blood;
and, Thirdly, an inflamed
condition of the mucous
membrane of the air tubes.
There is an endless variety
of materials which, when
inhaled will produce asthma
in those possessing the
asthmatic tendency, and
they produce it no doubt
by the action of that
morbid sensitiveness of the
bronchial mucous membrane
in which the asthma in
these cases essentially con-
sists, some of these materials
are such as smell, [illegible]

the same effect, and often the presence of a cat or rabbit will bring on an asthmatic attack, some cannot go near a stable, or even ride behind a horse, or go near those who have been riding horses.

As a rule dry air is worse for asthma than a rather moist one, the air, of a high locality than a low.

Diagnosis of Asthma.—

It is of the utmost importance to be able to recognize asthma with certainty because there are several diseases with which it

might be, and often is, con-
founded and because the
treatment of these diseases,
and of asthma is of the
most opposite kind.
The three forms of dyspnoea
with which asthma is apt
to be confounded, are
bronchitis, emphysema,
and heart disease.
From bronchitis, asthma
may be distinguished by
its sudden access, and
often equally sudden
departure, by the absence
of a solid as a [illegible]
cause and frequently by
the absence of expectoration

completely absent, and varies in amount only in proportion to the degree to which respiration is taxed. The presence or absence of the physical signs of emphysema will also of course, materially set the diagnosis.

The dyspnoea that asthma is the most apt to be confounded with, and which it most resembles, is that of heart disease. The two resemble one another in that they are both paroxysmal, both intense, both apt to occur at night, both

compatible with organic
lesions of heart, are
both intolerant, though
not exactly in the same,
of the recumbent position
of exertion, and of sleep;
moreover in both of them
the respiration may be
perfectly normal between the
attacks. In cardiac dyspnoea
there is generally an absence
of the characteristic signs
of narrowing of the bronchial
tubes, universally present
in asthma, such as wheezing,
prolonged expiration, suppression
of the respiratory murmur.
The length of the attacks.

ter, is different, the asthmatic paroxysm being commonly longer than the time reached by an attack of cardiac dyspnoea.

Hoping this Thesis will meet with your approbation.

I remain
Respectfully Yours

J. Edward Burr
Cockeysville Baltimore County
Maryland

Dec 11

Thesis.

J. Pierce Honver

University of Maryland

1884.

Cases under my observation at University of Maryland.

Case No I

Thomas D. Age 23. White man. Laborer.

History. Has no pain, has good appetite, sleeps well.

Inspection. Clavicles prominent, especially the left. Restrained movements of chest, more so on L. side. Hearts impulse not visible.

Palpation. Heart weak. Right Ventricular beat noticeable under Ensiform cartilege. Vocal fremitus most marked on L. side.

Percussion. Slight dullness in R. Clavicular region. Increased resonance in L. infra Clavicular region.

Auscultation. Bronchopony at both apices, more marked at R. Apex.

Diagnosis. Phthisis with slight consolidation at Apex of both Lungs, with some Emphysema the latter causing Heart symptoms.

Prognosis. Favorable.

Treatment. ℞. Muriate Ammonia Mix ℥ iv
Iodide Potash ℥ j ℳ
Sig. ℥ ij t. d.

Treatment- Tinc Cinchona Co, taken before meals.
Good food- Quinine- Cod Liver Oil &c.

Case No II

E. C. ae 27 yrs. Colored man. Waiter.
History- Has had cough nearly all his life, but has been worse during last three yrs, with tightness on breast. Expectoration white.
Inspection- Chest movements normal. Hearts impulse scarcely perceptible.
Palpation- Vocal fremitus normal.
Percussion- Resonance somewhat increased in Right infra-clavicular region.
Auscultation- Slight tubular breathing at apex of R. lung.
Diagnosis- Bronchitis, with Nasal Pharangitis.
Treatment- R. Sulph Zinc gr V
Carbolic Acid gr V
Vasaline ℥j M.
Sig. Syringe up nose every night.

Case No III

T. G. ae 39. White man.

History. Shortness of breath every fall, with pain in breast and cough. Up at night with difficult breathing. Formerly worked in a Rolling Mill.

Inspection. Chest movements much restrained.

Hearts impulse somewhat diffused, most visible below Sternum, about 2 inches below nipple, i.e. in median line.

Palpation. Vocal fremitus about normal.

Percussion. Resonance increased over R. lung, and Heater resistance.

Auscultation. Sonorous ralles in both Apices, much marked on L, indistinct & infrequent on R. Also over entire Left lung & heard on Back also.

Heart beats three times instead of two, rapid & irregular.

Diagnosis. Asthma and Dilatation of R. Ventricle of Heart. Slight Emphysema.

Treatment. ℞. Ammonia Murias ℥j
Iodide Potash ℥ij
Tinc. Cinchona Co. ℥iij
Prunus Virginiana Syr. ℥j M.
Sig. Two teaspoonsfull t. d. For asthma with Emphysema.

Case No IV

B. I. ae 25. White man.

History. Was sick for seven wks. Spit blood three weeks previous, after a paroxysm of Coughing. Has lost great deal of flesh. Sweats at night.

Inspection. Movements of Chest normal. Impulse not visible. Heart diffused, & most visible in Epigastrium.

Palpation. Vocal fremitus normal. R. Ventricle felt in Epigastric region.

Percussion. Slightly impaired resonance on R. side from fourth rib to Apex.

Auscultation. Vocal resonance increased at R. Apex, with slight tubular breathing.

Diagnosis- Phthisis, in Consolidation stage-

Treatment- Codia grfs with Syr Wild Cherry for Cough- Aromatic Sulph, Acid Dil, gtts x-xx- Sulph Atropia, Commencing with 1/100 gr doses- These two good for sweats-

Case No V

F. T. G. ae 25- White man- Stone Cutter-

History- Sharp cutting pain on L, side- Has had Rheumatism- Has peculiar feelings in Heart- Is strong and muscular- Has not lost any flesh- Appetite good-

Inspection- Hearts impulse normal- Chest movements regular.

Auscultation- Soft Bellows murmur, an abnormal sound, only heard at Apex of Heart-

Diagnosis- Insufficiency of Mitral Orifice- Mitral Regurgitation.

Prognosis- Not unfavorable- When the insufficiency of Valves is great, then the Hypertrophy is great also-

Treatment- ℞- Arsenate of Iron gr 1/12
Quinine gr j- M fr Pill No 12

Case No VI

Mary D. Age 19. Colored girl.

History. Has had cough about three mos. Pain on R. side. Expectorates great deal of phlegm. Has lost much flesh, & has fever in eve, does not sweat at night.

Inspection. Movements of chest slightly restrained. Slight prominence of Clavicles. Chest about normal.

Percussion. Slight dullness in Right infra Clavicular region.

Palpation. Normal vocal fremitus in back, most marked on Right side.

Auscultation. Vocal resonance normal. Sonorous rales more marked on R. side.

Diagnosis. Slight consolidation in R. lung, and Bronchitis.

Treatment. Cod liver oil, dessertspoonful after meals. Quinine. Tinc Cinchona Co, taken before meals.

Case No VII

J. C. R. Age 50. White Man

History- None of any consequence-

Palpation- Excessive pulsations in neck, especially on R, side, & this excess seems to extend over the whole body- Bulging in neck is hard-

Percussion- Dullness extending down under Sternum- Sound on R, side is feeble, on L normal- There is a rasping blowing sound on R, side, below the third & fourth ribs you dont notice it-

Auscultation- A murmur on R, side during Systole-

Diagnosis- Aneurism of the Innominata, owing to degeneration of the middle coats of the arteries- Atheromatous degeneration-

Prognosis- Unfavorable-

Treatment- Large doses of Iodide Potassium, beginning with grs x t.d, & extending to grs xxv-

Case No VIII

F. T. A. ae 35- White man- Butcher-

History- Sick four weeks- Tightness on L breast-

Spits more at night, sometimes spits a little blood.
Has lost flesh. Sweats at night. Can not walk fast.
Inspection. Chest well developed, & movements slightly restrained, more on L. than R. side.
Vocal fremitus more marked on R. side.
Palpation. Heart feeble, impulse somewhat diffused.
Percussion. Hearts dullness increased. Below resonance diminished over R. lung, resistance is greater also.
Auscultation. Vocal resonance much increased on R. side, and some tubular breathing, with some prolonged Expiration.
Diagnosis. Slight deposit at R. apex.
Treatment. Hygienic measures to prevent growth of trouble. Kidneys kept active. Bowels regular &c.

Case No IX

M. C. ae 43. White man. Laborer.
History. Has had cough and shortness of breath

for five or six years, but a great deal worse past two wks. Lost about ten lbs flesh past two yrs. Right shoulder much lower than left.

Inspection. Chest movements restrained. Heart weak. Decided depression under clavicles on R. side. Chest a little flat.

Palpation. Vocal fremitus exagerated, little more on R. side than L. Heart not very strong.

Percussion. Dullness most marked on R. side at apex.

Auscultation. Vocal resonance much exagerated at both apices, more on R. side and also at angle of scapula behind. Bronchial breathing especially at R. apex. Sonorous rallies at R. apex, & also in back.

Diagnosis. Asthma and Dilatation of Heart with consolidation at R. apex.

Treatment. ℞. Muriate Ammonia Mix ℥ iv
Iodide Potassa ℥ij
M. S. ℥ij t. d.

Case No X

Geo. B. ae 45 White man. Brewer.

History. Has had shortness of breath. Lost flesh. Had Typhoid fever about 17 yrs ago. Reduced from 385 to 350 lbs.

Inspection. Chest movements normal.

Palpation. Heart's impulse weak at Apex, normal at Base.

Percussion. Increased area of dullness, more marked at lower end of Sternum to Ensiform Appendix.

Auscultation. Systolic murmur at Mitral Orifice.

Sounds of Heart dull & almost inaudible. Breathing irregular and very irregular. Cheyne-Stokes respiration.

Diagnosis. Fatty Degeneration of Heart.

Prognosis. Very unfavorable.

Treatment. Cod liver oil. Iron. Digitalis.

The Arrest of Arterial Hemorrhage.

Martin Warfield

Feby. 1884

The Arrest of Arterial Hemorrhage.

The spontaneous arrest of hemorrhage from a divided artery is effected by a considerable number of distinct agencies.

1st The contraction of the artery by which the orifice is closed completely or very much diminished in size.

2nd The retraction of the ends of the severed artery within the sheath. The internal surface of the sheath is left uneven by the laceration and stretching of the fibres which connect it with the artery. Within these fibres the blood is entangled and a

foundation is laid for the formation of a coagulum at the mouth of the artery, which is completed by the blood as it passes through the canal of the sheath adhering and coagulating until it effectually fills it up. The obstruction to hemorrhage from the effusion of blood into the surrounding tissues and its coagulation there together with the diminished force and velocity of the circulation contribute to this important event. This coagulum formed at the mouth of the artery and within its sheath appears like a continuation of the artery and is the first

Complete barrier to the effusion of blood. It is called the external coagulum.

3d The diminished force of the hearts action due to collapse of the patient, powerfully contributes to the suppression of hemorrhage, when a large artery, such as the axillary or femoral, is cut

4th Internal Coagulum.

The mouth of the artery being no longer poreous to the blood and there being no collateral branch near a coagulum is formed within the artery, the internal coagulum. It is of the greatest importance

in the permanent arrest of hemorrhage
A few hours after division of an
artery there is thrown out within
and without the vessel lymph,
which finally becomes vascularized,
and at the same time the artery
contracts firmly on the internal
coagulum. The canal of the artery is
thus obliterated and the extremity,
transformed as far as the first
collateral branch into a dense
fibro cellular cord, blends with
the surrounding parts. The same
changes are observed in the inferior
portion of the artery except that the
external coagulum is smaller
and the internal coagulum is often

waiting.

There is much less bleeding when an artery is torn across, as happens when a limb is torn from the body by machinery, than from a simple incised wound, from the fact that the internal and middle coats of the artery are broken off short, while the external coat and sheath are drawn forward and twisted over the torn end of the artery so as to form a lodgment for the coagulum. Hemorrhage is more likely to cease spontaneously when the artery is completely than when partially divided, as the

latter case the muscular coat contracting causes the wound to gape open and the size of the orifice is increased Moreover the artery can not retract within its sheath and as the blood continues to flow past the orifice the external coagulum can not be formed. A longitudinal or slightly oblique wound of an artery is more apt to unite than a transverse one.

The means employed by the surgeon for the suppression of hemorrhage from arteries have for their object the imitation or hastening of the natural process, and are

by increasing the retraction and contraction of the arterial coats, by forming an artificial coagulum and by exciting adhesive inflammation in and around the vessel.

For the temporary control of hemorrhage, as during an operation, pressure by the hand, the elastic bandage or the tourniquet, may be advantageously employed. In vessels of small size and completely divided pressure will often permanently arrest the bleeding. Bleeding from any artery, on which the surgeon can lay his finger, can be controlled by digital

pressure or the artery may be seized between the finger and thumb.

The different means employed for the permanent arrest of hemorrhage are, the application of cold or heat; styptics; the actual cautery; torsion; ligature; and acupressure.

1 The application of cold or heat by allowing a stream of hot or cold water to run over the wound is sufficient to arrest the general oozing of arterial blood always seen on a cut surface. The use of ice in cases of bleeding into the mouth rectum or vagina is often successful

2. Styptics act by assisting contraction of the vessels, and by making a firm clot. They should never be used for the arrest of hemorrhage from large arteries or in profuse secondary hemorrhage unless the ligature has failed or cannot be applied with safety to the patient.

3. The actual cautery is employed in secondary hemorrhage when there is sloughing and the coats of the artery are too weak to hold a ligature.

4. Torsion of cut arteries for arrest of hemorrhage is practiced by seizing the artery, and twisting

it several times; by this process the artery is placed in the condition of one that is lacerated. The internal and middle coats are retracted and the external coat is twisted into a kind of screw beyond them. A coagulum then forms within the vessel blocking up its extremity. By this method the largest arteries may be occluded without danger from secondary hemorrhage. The twisted ends of the artery, however, form a foreign body in the wound which is an obstacle to union by the first intention, and in such a case the torsion has

no advantage over the ligature. In small arteries, on the other hand, the same injury is not inflicted on their free ends as moderate twisting will be sufficient to stop the bleeding, and therefore, when direct union is of great importance, torsion is to be preferred to ligature.

5th. Ligature.

The immediate effects of a ligature properly applied are the division of the internal and middle coats of the artery and the constriction of the external one. An inflammatory action is thus set up within

the coats of the vessel which is sufficient to occlude its orifice and a clot forms on the proximal side of the ligature.

The ligature is the most reliable means for arresting hemorrhage and the one commonly employed by surgeons. It is applied to a divided vessel in an open wound by seizing the mouth of the artery with a pair of forceps and drawing it forward. When an artery has to be ligatured in its continuity, it has to be exposed by careful dissection and the ligature passed underneath the vessel

by means of an aneurism needle.
The ligature should then be tied
tightly and both ends left
hanging out of the wound.
The material used for ligatures
are dentist silk, well waxed,
cat gut or silver wire. The
advantage claimed for silver wire
over other substances is that, when
immersed in decomposing discharges
it does not become soaked with
them and thus become a source
of irritation to the wound. Lister
in connection with his antiseptic
method uses catgut ligatures
soaked in carbolised oil. These
ligatures dissolve in the wound

are absorbed and, therefore are no obstacle to direct union.

There are three situations where ligatures are applied; in the wound, to the injured vessel on each side of the lesion in its walls; to the proximal portion of artery before it reaches the wound but near to it; to main arterial trunk at a point remote from the wound.

Wherever the operation is practicable the ligature should be applied to wounded vessel at the place of injury. Thus when an important vessel is

wounded in its continuity a ligature should be applied to the vessel on each side of wound if there is a bleeding orifice in its walls or one to each end of it is divided. If the proximal ligature only is employed hemorrhage from the distal orifice is sure to occur whenever the collateral circulation is set up. If the wounded artery is not accessible at place of injury, for the purpose of tying it, as the internal maxillary by penetrating wound of face, or internal iliac in penetrating wounds of pelvis, the main trunk

should be secured by a ligature as near the injured part as possible. Ligation of the main arterial trunk at a point remote from the wound is to be done, when there is secondary hemorrhage after an amputation done close to the trunk and when the union between the flaps continues sound and firm, or where on account of the sloughy condition of the tissues the bleeding vessels in the stump will not hold a ligature.

In primary hemorrhage it is the rule not to interfere by operation unless

the bleeding is actually continuing
In secondary hemorrhage there
must be no delay. If hemorrhage
come on a few days after
an operation and is but a slight
oozing, elevation of the part, the
application of cold and pressure
by a bandage may arrest it.
If it do not, the flaps must
be opened and the bleeding vessel
sought for and tied, and this
will not cause the hemorrhage
to stop the part must be
cauterized or the main branch
of artery ligated

Thesis

Carcinoma of Alimentary

Canal with Cases

R B Warfield

1894

[illegible] of the [illegible]

canal. With cases.

[illegible] affecting [illegible]
[illegible] of the [illegible]
[illegible] occurs quite frequently
indeed the [illegible]
[illegible] the seat of cancer
than any other organ in
the body, the rectum is [illegible]
second, while the large
intestine [illegible]
[illegible] with [illegible]
[illegible] appeared, the small [illegible]
[illegible] however [illegible]
[illegible] The different forms found
[illegible] the alimentary tract [illegible]
Scirrhus in any situation;
[illegible]

scirrhous or epithelial type the upper & lower thirds are the most common seats of the disease the middle third being but rarely affected. The whole circumference is usually involved & we have a stricture. Death may result in these cases either from inanition from inability to swallow sufficient nourishment; from hemorrhage caused by the cancer perforating some large blood vessel occasionally even the aorta; or lastly from the trachea bronchi or other neighboring structures being involved in the disease.

Cancer of the Stomach most frequently affects the pyloric end

the small curvature, then the cardia & lastly the great curvature. Cancer of the small curvature extends towards the greater, & those of either end invariably cause stricture by their transverse growth. Cancer of the cardia generally involves the lower third of the oesophagus that of the pylorus is often sharply circumscribed. The most frequent form of cancer of the stomach is scirrhus next medullary & sometimes colloid, these forms may be combined. The scirrhous form begins in the submucous tissue forming [illegible] lumps or nodules.

The pancreas, liver & lymphatic glands as well as other parts of the intestinal [illegible] may be [illegible] or all [illegible] doubly involved. The stomach is apt to form new attachments & be found to be in a false position. If this does not occur the inflamation may extend to the peritoneum & there result from inflamation of that membrane.

The cadaveric appearances of cancer of the intestine do not differ materially from those of the same disease in the stomach or oesophagus. The same [illegible] formed [illegible] as well [illegible] [illegible]

does not occur as a rule until one, two or even three hours after food. [illegible] The effort is made by nature to force food into the duodenum. The value of the [illegible] as [illegible] [illegible] [illegible] of the stomach has been overestimated as [illegible] symptom, still it is important. [illegible] caused by [illegible] [illegible] or [illegible] with a [illegible] [illegible]. [illegible] hemorrhage is not [illegible] [illegible] [illegible] etc. [illegible] [illegible] symptom [illegible] the presence of [illegible] [illegible]

duodenal cancer do not differ from those of the stomach except [illegible] cases in which the duodenum is involved in which case we have gain in the differential diagnosis is however not [illegible] the

Diagnosis

Carcinoma of the oesophagus is to be diagnosed from other forms of organic stricture. Thoracic aneurism may by pressing on the oesophagus give rise to symptoms closely simulating carcinoma.

Thyroid or other growths, neighboring cancers or very rarely fibroid tumors of the oesophagus, may under some circumstances be very difficult to distinguish from the subject under consideration.

The history of the patient the presence of a growth in the oesophagus, as found

by the flexible bougie. -
Since the cancer is usu-
ally of the epithelial type
or an epithelial growth or
wart on the surface it
should be sought for by
these means the growth can
generally be diagnosed.
Acute inflammation, stric-
ture such as is caused by
swallowing hot or corrosive
liquids may be easily dis-
tinguished. The chronic
growth, the age of the pa-
tient, from 40 to 60, & the
presence of the carcinoma-
tous cachexia, are diagnos-
tic symptoms.

In the abdomen the presence of a tumor is very important, & if this can be felt rough & uneven the diagnosis is nearly certain.

The vomit, in cancerous ulcer of the stomach contains the ferment [illegible] & grumous blood (coffee ground expectoration). The pain in cancer varies according to its situation mode of growth etc. but is usually of a dull aching character.

In some cases however the diagnosis can not be made when we have no characteristic tumor or symptoms

Carcinoma of the stomach may in the early stage be confounded with chronic gastric catarrh. Gastric ulcer also may be mistaken for cancer but the hemorrhage is generally much more frequent & the duration of the disease longer in ulcer than in cancer; thus it may last over a year, cancer very rarely does. So to the ulcer is most common in the young, cancer in middle life.

The stomach may be enormously dilated. [illegible] in cancer is [illegible], more or less in very diagnostic of cancer

Prognosis

The prognosis of cancer in the alimentary canal is invariably unfavorable. Recovery is out of the question & we have no right to expect it in any individual case. The average duration is about a year often shorter & occasionally extending beyond two years although we may palliate symptoms & in some cases prolong life, death is inevitable either from the local effects of the growth or from some intercurrent affection superinduced by the extreme debility & cachexia usually present

Treatment

The remedies used in the treatment of carcinoma of the gastro intestinal tract may be divided into two classes 1st Those which are supposed to control or at least exert some influence over the disease & 2nd those used to palliate symptoms. At the top of the first division stands arsenic, which is claimed by Bartholow & others, in many cases to retard the malignant growth. According to these authors it should be given in small doses, say [illegible]

continued. Carbolic acid & iodine have been used for the same purpose & in some cases with apparently good results. Condurango which for a time attracted much attention as a remedy for cancer, has of late fallen into complete disuse. Lebert, Clay & others have recommended Chian turpentine but as yet its good effects are not marked. There is no specific for the disease, none of the above remedies or many others which have been used from time to time, have cured the disease & hence remedies of this class are of [illegible]

importance. The use of the knife in cases of the ali-mentary tract, while not unheard of, is probably as yet unjustifiable.

Palliative treatment. On account of the cachexia & anaemia which are always present, tonics are indicated, the best of which are probably iron & quinine. Stimulants are required in the latter stages whisky or brandy may be given in milk, or the best wine such as port or sherry may be used. The diet is most important, the best single article of food is undoubtedly milk

which in some cases of oe-
sophageal stricture can be
swallowed when even water
is rejected. In one case
under my observation milk
with a little whiskey consti-
tuted almost the sole nour-
ishment for several months
before death. In cancer
of the stomach & intestinal
canal, bland nutritious food
should be used with which
may be combined pepsin
or pancreatic emulsions to
facilitate digestion. According
to Flint buttermilk is sometimes
better borne than any thing
else. The form of [illegible]

relieved by opium to which may be added cannabis indica (Ergot). not only does opium relieve the pain, but when ulceration exists, soothes the irritation & prevents the unnecessary passage of food.

When constipation exists at times should be given & over cathartics avoided. More frequently astringents are required such as opium & bismuth, or chalk, or the vegetable astringents. Ergot hypodermically is valuable to restrain hemorrhage when it occurs in the course of the disease. Any thing that worries the patient should be avoided.

Cases.

Case 1st J. V. T. aged 70 male. [illegible]
Farm laborer. Had been subject
to spasms at intervals during
life. In Oct 80. first noticed
some difficulty in deglutition
due as he supposed to common
cold. This trouble gradually
increased until January 81
when the man complained of
a lump in his throat low
over the left side. This proving
to be a cancer of the epithe-
lial type he was put on to
[illegible] treatment & stimulant
washes given for a considerable
[illegible] [illegible] [illegible]
lump [illegible] [illegible] [illegible]

gurer. Soon after admittance the cancer by involving a blood vessel caused profuse hemorrhage which was controlled by ergot hypodermically. The man was now very weak which continued until Sept 12 when the tube passed with difficulty on the right side of the neck there was an erysipelas which was treated with iron internally & local applications of [illegible] [illegible] cotton. On the 15th the tongue could not be passed & the patient sank & died at 8 pm. The sectio cadaveris revealed the cancerous growth infiltrating surrounding organs tight stricture of oesophagus with

communication with [illegible] &
hip abscess on right side of neck
which had caused suppuration.
Case 2nd. J. H. aged 60. [illegible] male
admitted to hospital aug 4th
intensely jaundiced, with com-
plete anorexia & some vomiting.
Patient very stupid. Some tender-
ness in belly, no tumor could be
felt. no previous history.
The temperature during this time
was remittent with evening ex-
acerbations reaching for two days
before death as high as 101°.
Diagnosis not made during life.
Patient died on the 6th day of
his stay in the hospital.
The Post mortem revealed a few

On examining after death the cardiac extremity of stomach with lower part of oesophagus was found involved in fistulous cancer. Well marked stricture oesophagus dilated above. The tail of the pancreas was also involved. No tumor had been felt during life, though cancer was considered probable.

Typhoid Fever,

by

R. H. Temple.

Typhoid Fever.

When a medical student is about to select a subject upon which to write his thesis, he is at a loss to know how to begin, what he wishes to say. But the beginning must take place before the end. In order to write correctly, we must think correctly, and in order to think correctly, we must try. Therefore try is the motto I shall adopt in attempting to describe the subject which I have chosen. Almost every known malady has already been described very minutely by members of our best authors and teachers.

And we as medical students must begin to think, investigate and observe for ourselves, in order to continue the advancement of the Medical Science. Work with untiring diligence for the advancement of so noble a profession; one which deserves the undivided attention and closest observation of her followers. Most other names that have been given to typhoid fever may be objected to; on account of their conveying the wrong impression as to the cause of the disease. The name typhoid being generally adopted, our account of

the resemblance which it bears to typhus fever.

As regards the anatomical changes which take place during the career of the disease they are oftentimes numerous important changes taking place in various parts of the body.

The most characteristic lesions are found in the lymphatic structures of the small intestine. Peyers patches, solitary follicles and corresponding to these, are alterations in the mesenteric glands.

The morbid process begins and is most severe at or near

the cæcum.

The extension of the disease above the ileocæcal valve is variable. In most cases of this fever, Peyer's patches and solitary follicles are involved: but sometimes the changes are more marked in one than the other.

There are four distinguishable stages in the specific lesion of the intestine:

1st A simple congestion and inflammation of the mucous membrane.

2nd Medullary infiltration of the lymphatic structures.

3rd The corresponding peritoneum

may also be congested.
The swelling of the glands
are due to the proliferation
of the lymphoid cells normally
present in them.
This infiltration may termi-
nate in resolution or ulceration.
3rd Is that of retrograde met
amorphosis and ulceration.
In severe cases ulcers take the
places of the affected patches,
and solitary follicles.
Sometimes the slough separates
en-masse but more
frequently is thrown off in
fragments. The ulcers of the
solitary follicles are round and

those of Peyers patches are oval.
4th Stage is that of repair
which generally commences
about the twenty first days
of the disease tho' sometimes
sooner and sometimes later.
As a rule the first three
stages of this disease occupy
about a week each.
There is no direct rule for the
duration of the reparatory pro-
cess in the fourth stage there
being in a great many cases
so many obstacles to prevent
rapid recovery.
Perforation may occur in one
or more of the ulcers being

generally caused by secondary ulceration after the separation of the slough; or an over distended intestine from any cause; as gas; faeces or worms. The perforation may give rise to acute diffuse peritonitis, due to the escape of the intestinal contents into the peritoneal sac.

The morbid process in the mesenteric glands are the same as in the lymphatic glands and solitary folicles. It would be out of the way here for me to attempt to explain all the morbid changes

that are liable to occur during the career of this disease.
The spleen is congested and enlarged; may become three or four times its normal size.
Typhoid fever, like other infectious diseases is accompanied with parenchymatous degeneration of both voluntary and involuntary muscles.
This degeneration is no doubt caused by high temperature and infectious blood changes.
Regeneration of this degeneration always takes place during convalescence.
The heart and lungs. The

the two most important life giving organs of the body being affected, are liable to give rise to other morbid processes too numerous to be mentioned in these few pages. Typhoid fever is liable to more complications than any other disease.

History and Diagnosis:

It is almost always impossible to make a certain diagnosis during the first day or two after the onset of the disease.

We watch and examine carefully for the signs and symptoms

The fever generally develops slow, reaching its maximum, as a rule on the evening of the third or fourth day.
In youth this fever of low remittes common remittent fever, the fever being low in the morning and gradually rising several degrees by the afternoon.
The course of the disease generally comes to an end about the end of the third week; but it has been known to continue six or seven weeks; this is very seldom without some complications for

instance intermittent fever may set in about the time of convalescence.

Oftentimes the patient will be unable to tell, when their ailments did commence, so imperceptible is the commencement of the disease.

On this account it is not easy to tell the duration of the prodromic period in every case: but when the fever is established, this period is at an end. Taking it upon an average perhaps when the patient takes to the bed the disease is established.

Of course this is not always the case for some persons will give up sooner under an ailment than others. We have to judge the true time by our own judgment and observation. Very often we do not see the patient until after the disease is fully developed.

The prodromic symptoms are chills or chilly sensations recurring irregularly more or less pronounced; sometimes followed by perspiration and sometimes not. Headache and general mental irritability is common. Bleeding at the nose is very

common, especially in children
Pain in the limbs, and loss
of appetite.
Diarrhoea as a rule is present
but constipation may occasi-
onally take its place.
The patient has a general
feeling of malaise and
after a shorter or longer
time is compelled to take
the bed.
Of the above symptoms
looseness of the bowells
and epistaxis are of the
most diagnostic importance.
The symptoms that go to
make up the history of this

disease after the prodromic period are those pertaining to the countenance, nervous system, digestive system, urinary system, circulation and temperature.

The countenance is not much changed for the first few days, the face being more or less flushed. After the disease has gone on to the second stage and later the countenance is apt to assume a listless expression, and in severe cases a look of expression, and there will be great stupor.

The patient will complain of more or less head-ache for the first five or six days; and may at different periods along the whole course of the disease.

Delirium is most common, when present, during the second week, or second stage.

Cases differ as regards the degree of the delirium: it may be so slight or it may be a prominent symptom.

It is greater and may be manifested only during the night. In the majority of cases it of a quiet passive

kind and the patient doesn't seem to know or care where they are, or what is going on around them. Violent delirium is a very unfavorable symptom. The patient answers questions in a haphazard manner and you can gain from them little or nothing as regards their illness.

They are very forgetful.

The urine is often passed in bed, not on account of paralysis, or weakness of the sphincter vesicae, but to mere indifference of the mind.

True sleep is sometimes wanted,

the patient seeming to sleep most of the time, but still very easily aroused.

This want of true sleep no doubt weakens the patient very much, and contributes to the delirium and other nervous phenomena.

Picking at the bed clothes and twitching of the muscles of the face, neck and extremities are very unfavorable symptoms. I will not speak further of the nervous symptoms which may appear in severe cases.

The tongue generally presents

morbid appearances.

It may be simply furred, but is often covered with a coating more or less thick, of variable color. Around the edge it is generally red; but the whole tongue may assume a red glazed appearance.

Sordes is apt to collect upon the teeth after the first or second weeks, especially in severe cases. Hemorrhage from the bowel occurs in a small per cent of cases.

When there is a sudden and notable decline in the temperature of the body, you may

expect hemorrhage to follow.
Hemorrhage is sometimes the
immediate cause of death.
I visited a patient last Summer
aged forty eight years in his
second attack of this fever.
He had almost every sight and
symptom of a well developed
case of typhoid fever.
From the twelfth to the twentieth
day of his attack he was wholly
unable to speak or turn over
in bed, without being assisted.
Temperature from 101 to 104-
corresponding to morning and
evening. On the eighteenth day
his temperature dropped down

to ninety five and one half,
and remained so for twelve
hours, then gradually rose again
to one hundred and one.
Contrary to my expectations
no hemorrhage followed.
I could not account for the
sudden decline in temperature.
On the twenty-second day his
appetite returned craving for
something to eat all the time.
In spite of all my pleadings
his wife gave him some pork
and cabbage which caused a
relapse of the fever.
He finally recovered though
to my surprise. I told him

when he could make two marks upon the ground, three feet apart; and jump from one, to the other, he could eat what, and as much, as he wished.

Even for a month after convalescence his appetite was almost unbounded.

A second typhoid patient a woman of twenty-eight years came under my observation shortly after the dismissal of the first patient; the two living within a hundred yards of each other. I visited her on the third day of her illness

finding temperature 103½;
pulse 78; mutter gurgling,
with tenderness on pressure in
both right, and left iliac
region; tongue moderately coated
with redness around the edge.
Diarrhoea was very profuse,
having an operation every hour
or two. Her only complaints
were severe headache, weakness,
and thirst.
Previous history with above
symptoms I could have no doubt
as regards her ailment.
She did well up to the fif-
teenth day of her attack,
at which time her temperature

fell from 101°F, to 96°F,
The decline in temperature
was shortly followed by
intestinal hemorrhage tho'
not very profuse.
I immediately gave her a
dose of flit ext. of Ergot
and pills of Opium and
acetate of Lead.
After the elapse of a few
hours her temperature returned
to 101°F, and remained so for
three days, being followed by
convalescence and a return of
appetite. From this time she
gradually recovered, restricting
her diet for the first ten or

twelve days.

In considering the treatment of typhoid fever no definite rules can be laid down.

The known resources of the apothecary do not afford reliable means for the arrest of this disease nor for shortening the duration of the febrile career.

What might be called for in one case, might be useless or even injurious in another case. Purging is seldom called for except where malaria exists.

The fever and diarrhoea of

course calls for antiphlogistics and astringents which are to be employed differently in different cases.

When the tongue is thickly coated it can be very quickly removed by means of small doses of Calomel 1/6 gr and Sub. Nit. Bismuth 3 gr. given every two or three hours.

Watch the patient and treat the symptoms.

No solid food during the course of the fever, nor indeed much until several weeks after the patient is able to get out of bed.

If patient needs support
as will be shown by the ac-
tion of the heart and general
nervous symptoms, give
stimulants.

I will bring my thesis to a
close by giving a few hints
as regards treatment &c
Treat the symptoms, and
not the name of the dis-
ease.

Always bear in mind the
necessity for proper alimentation,
both as regards quantity
and quality, during the
febrile career and convales-
cence. Good hygienic

surroundings, but not much company, nor excitement of any kind. The treatment laid down will suffice until that remedy is explored which will cut short the malarial poison in remittent and intermittent fevers. Such a drug in my opinion does exist, and will some day be revealed.

R. H. Temple

Class of 1883-'84.

Syphilis

Syphilis is by far the most important of all venereal diseases which can afflict mankind, important not only from the effects upon the original bearer of the disease, but from the direful consequences that may be entailed upon the offspring of the syphilitic person. This disease is transmitted from person to person by local contact with the infecting virus, usually transmitted during sexual intercourse, but this is not always the case; for this would indicate that seat of inoculation were confined to the

genitals. Such, as the mucous, or part of the human body is exempt from liability to be infected with the virus of syphilis. It always begins with an initial lesion, which is known as a chancre. The chancre within itself does not amount to very much; it has a tendency to heal; but unfortunately it indicates several general infections which are to follow. Secondaries & these latter symptoms are known as constitutional symptoms. There is always a decided interval of incubation between the disappearance of the chancre & the secondary

of the constitutional manifestations. For sake of convenience the disease is divided into three stages, known as Primary, Secondary & Tertiary. I shall speak of each stage in detail.

Primary Stage: This is the stage of inoculation & the chancre is about the only manifestation of importance that is seen in this stage. It is often of very great importance & sometimes difficult to diagnose between the true or Hunterian chancre & a non-venereal one, called a chancroid, which does not indicate any constitutional trouble. I shall state some

§ The most important diag-
nostic point of the two dis-
(1) There is always a decided pe-
riod of incubation between the appear-
ance of the chancre & the **coitus**
at which the chancre was con-
tracted; this period varies
from 10 to 30 days; whereas,
on other hand, the chancroid
has little or no period of in-
cubation, usually appears
within 2 or 3 days.
(2) Again a person hardly ever
contracts syphilis more than
once; but the same chancroid
cases are [illegible]. (3) The [illegible]-
ture of a venereal sore which occurs
in 10 days or more after coition,
should always be suspected.

V

3) The chancre has some very characteristic points which can be appreciated by the sense of touch. It will be indurated which is very perceptible; will be hard & cartilaginous under the finger; will be entirely unconnected with the surrounding tissue & is situated on a non-inflammatory base. The chancroid has no induration, will be an inflamed ulcer with surrounding tissues soft & [illegible]. The chancre has no tendency to involve the surrounding tissues, the chancroid has this tendency.

d) Multiplicity of chancroids is usual, commencing & abundant secretion. Compare to the rule with chancres & scanty secretion.

e) The chancroid is auto-inoculable, i.e. the pus of one chancroid coming in contact with a healthy surface, will produce a similar chancroid; not so with pus of a chancre, thus it will be seen that a person having a chancre can not be inoculated a second time, i.e. until he is cured of the constitutional symptoms. The terms hard & soft are sometimes applied to chancre & chan-

the induration of chancroid
is [illegible] commonly & abundant
secretion. Chancre is the
one with chancre & very
scanty secretion.

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X

[illegible] when they do it is a

to an infantile [illegible].

The base of a syphilitic sore is not indurated as with the chancroid.

With a chancre the edges are not undermined as with the chancroid.

The site of a chancre is of interest; ~~[illegible]~~ most often found about the genitals, also at times on the lips, caught from kissing a person with mucous patches about the mouth; also on nipples from nursing syphilitic child; between fingers, nose, tongue, &c.

Any surface that [illegible]

XII

Phagedena is of grave import from the fact that it is due to constitutional debility caused by alcoholic excess, or some morbid diathesis. In this the ulceration becomes deep, the induration often melts away. The secondary symptoms following phagedena are apt to be more severe & more rebellious to treatment.

You will sometimes meet what is called a "mixed one" this term is confusing; it may mean a double one; it is not mixed at all, simply means that syphilitic virus & chancroidal have gained entrance at

the same time in the indi-
vidual, the sores will not de-
velope at same time. chan-
croid in a day or two + chan-
cre sometime after the 10th day
If the chancroid doesn't disap-
pear before the chancre makes
its appearance, then the sore
takes on every appearance
of a chancre, (i.e. extensive ul-
ceration, induration, bright
looking base, &c. The two le-
sions are entirely distinct all-
in the whole course.

Secondary Stage. There is
no marked period of incu-
bation between secondary
+ tertiary stage as between
the incubation + primary

stages, for very many of the same symptoms are seen in both stages; especially among these are the affections of the nervous system.

The greatest distinction between the two stages is that during the secondary stage the affections are much more superficial & more amenable to treatment.

The secondary affections have no destructive tendency which is so characteristic of the tertiary. Exudation formed during secondary stage is much more easily absorbed than the tertiary exudations, for they often

[illegible]

XII.

It is a noteworthy fact that eruptions are known to come on at night. Of the three eruptions the skin eruption is first to appear known as "Roseola". There are various kinds of eruptions seen during this stage but I shall speak only of the most characteristic ones. The eruption that appears about the 45th day of disease is characterized by rose coloured blotches, not elevated above the surrounding skin, abundant over the entire trunk. This rash eruption is attended by no itching as a rule. [illegible]

XVIII

Throat. The entire mucous membrane will be congested, will sometimes be spotted resembling very much the skin eruption. The tonsils will be enlarged & can often be felt from outside. Submaxillary & cervical glands will be enlarged. The affection of throat will have an inflammatory tract behind. The pharynx (with the uvula) will be seen on mucous membrane of mouth white, glistening, shaggy patches. These are known as mucous patches & are sensitive & slightly raised. These patches have a tendency to form & when situated over the tonsils

will often interfere with their action & thus impair the voice. Gummatous infiltration of the cords is often found during this stage & has tendency to destroy tissue if not treated. During this stage we often have the disease affecting the different organs of the body. Among some of the eye lesions also may be mentioned Iritis, or inflammation of iris. This inflammation is apt to invade the choroid & thus damage vision very seriously.

Tertiary Stage. It is very hard, in fact impossible, to draw a distinct line be-

from the secondary & tertiary stages. The trouble in tertiary stage is principally connected with the nervous symptoms of the brain.

We often have associated with Jacksonian epileptiform seizures of a light & transient character, but if disease is unchecked they will become more marked & embarrassment of patient's mind & finally dementia. We often have associated with late stage of syphilis paraplegia & hemiplegia. These are always sudden in their onset. In this stage we often have paralysis of certain groups of muscles.

The affections of the bones are almost always rarefac ulcerative, resulting in necrosis.

Treatment.

Treatment for the chancre should be cleanliness above all other treatment will often result in a perfect cure in so far as chancre is concerned. As a rule a chancre should never be cauterized. Iodoform zinc, or with calomel powder, locally is excellent treatment. Carbolic acid (gr.ss to ℥i) on lint or cotton is a good application.

Mercury is the specific in the treatment of syph-

ies, & nothing in the whole
range of the Materia Medica
will take place of it. Unfor-
tunately mercury has been
abused in its use, but never-
theless we can't do without it
in treating this disease.
Begin the routine treatment
by putting your patient in
good state of health; good
food, regulate bowels, &c.
Treatment must be adapt-
ed to each individual case
Best to begin with small
doses & increase them, watching
for signs of the effects of
the drug, & when the patient
[illegible] can
tolerate, then keep him on it

For mucous patches cleanliness – nitrate of silver locally will be about all needed.
In the tertiary stage a mixed treatment will be needed. This consists in combination of Iodide of Pot. & Mercury. When nervous symptoms are prominent then large doses of Iodide of Pot. will be needed; from 20 to 60 grs. daily.
The corrosive chloride of Mercury is the salt of mercury usually combined with Iodide. In patients with idiosyncrasies as regards mercury by mouth, inunction & fumigation are useful &c. The prognosis of syphilis is [illegible]

nomable if taken under treat-
ment in earlier stages. If patient
undergoes active treatment for
2 years without return of symp-
toms he may be regarded as
cured & be allowed to marry, but
even then sometimes, but rare, he
may have return.

Respectfully submitted
to the honourable
Faculty of Univ. of Ind. by
A. R. Shands, Jr.
Petersburg,
Virginia

Session 1883-84.

Thesis.

Diphtheria.

M.D.

1884

Diphtheria.

Synonyms - Pseudo-membranous Angina, Putrid Sore throat, Diphtheritis.

Dr Roberts Bartholow, a bright light in medical science, & a former graduate of Maryland University, in his standard work on Practice, defines Diphtheria, as, "an acute, specific, contagious, disease beginning by an infection of the throat, & characterized by a local exudation & glandular enlargements, systemic poisoning & having for its sequelae, various paralyses".

The laity consider Diphtheria peculiarly fatal in its results, &

a disease comparatively new
to the Medical fraternity.
In both of which they are,
like in many other things, to
a great measure mistaken.
While it has only within the
last Sixty years been known
as Diphtheria, first so named
by M. Bretonneau of Tours.
It has for Centuries been de-
scribed under other names, by
various Medical Authors of diff
erent countries sufficiently clear
for us to know that it is not
new, but a trouble to which our
kind has been afflicted, at times,
for ages past.

As we have intimated, it appears in localities more or less as an epidemic.

Its first appearance as such, in this country, was in California during the year 1856, making its appearance a little later in some of the Eastern States. During the Winter of 1880 & 81, New York & Brooklyn, suffered terribly from its ravages. The death of Washington, with others high in social & political esteem, was said to be due to this disease.

While Diphtheria is a disease liable to attact those of any age, walk, or condition, in life,

it is undoubtedly more especially a disease of childhood, generally occuring between the age of two & ten years. It is said, to be very seldom during the first few months of infant life, though cases are recorded, by eminent medical practitioners, in which it has occured during the first few months, or even weeks, of infancy.

Cause.

Diphtheria, as the definition states, is considered contagious, & most undoubtedly eminently so, as shown in many cases

in which Physicians, Mothers, nurses, & others, have lost their lives by devotion to the sick, inhaling their breath, which contains the poison arising from the exudation & secretion of the fauces. The death of Princess Alice, of Hesse, attributed to kissing her sick child, is an example of this.

It prevails both as an epidemic, an endemic, & also occurs sporadically. It has been claimed that the materies morbi of low forms of fever favor the development of this diphtheritic poison, & that

it at times occurs as a com
plication of these troubles.

Like all other diseases of this kind, any bad hygienic conditions of surroundings tends to greatly favor its development, & spread.

From statistics, it seems to be more prevalent in Winter & Spring, though liable to occur at any season.

It differs from most contagious diseases, by one attack not giving immunity from another, though an interval of some length, generally inter
venes.

The period of incubation is placed at from 2 to 10 days, from first reception of poison.

Anatomical Characters.

Diphtheria is now considered not only a local, but a Constitutional trouble.

Close & minute investigations go to proove, that it is a poison, supposed to be propagated by a specific germ, a minute organism of the bacteria group, held by some to be the sphaera-bacteria, or micrococci, division of the Schizomycetes, effecting a lodgment on any abraded or mucous surface,

most generally tonsils, pillars of fauces, soft palate, & pharynx. This, after a certain amount of inflammation, shows itself as a fibrous exudation, on, in, or among, these mucous surfaces, as false membrane, which appear on the surface at first as a fain grayish white follicle. These specks may be very small & thin, no larger than pin heads, but soon increase in number, extent, & thickness, until large flakes & patches of this false fibrous exuded membrane is formed.

Hartshornes essentials, page 426, under the head of Morbid Anatomy, speaks of the fals membrane thus. "Minutely examined, the fals membrane is found to vary from 1/20 to 1/8 of an inch in thickness, & to be fibro-laminated, i.e. of layers of fibrinous network including epithelial cells, & having on its free surface, exudation corpuscles, or pyoid globules, & granules, these forms appearing to be only stages of degeneration. No process of organization, or developement occurs in the mass.

it is aplastic, In some cases only a granular superficial infiltration of mucous membrane is observed, without even distinct fibrillation".

This ulcerative process, when allowed to proceed in its worst forms, extends deeper & deeper into the tissues, causing local death, & gangrene, of the parts.

The entrance of the poisonous germ into the circulation, interferes with the normal functional performance of all the important organs in their necessary work, & may even cause death, without showing external manifestations.

varieties. It has by different authors been divided up into several varieties, but for our present purpose may be comprised under three headings, viz, Simple, Ulcerative, & Malignant, or Gangrenous.

It has been said that cases affected at the beginning of an Epidemic generally proove more severe & fatal than those at the abatement.

General Symptoms. It is a noted fact, that often

the premanitory symptams of a very grave, or even fatal, attack of Diphtheria is so slight as to raise but little anxiety, or apprehension, on the part of the parents, or friends, of the party affected & medical advice not sought after, until it is often too late to be of service.

These premanitory symptams are not very distinctive, but are generally such as, slight cold, often chilliness succeeded by moderate feverishness, languar, head-ache, some pain in limbs, or body.

impaired appetite, with tenderness, or sensation of fullness, in fauces.

These symptoms are common in a great many other diseases, as well as Diphtheria, & in this disease all may be, or any one of which may be, a great deal more severe, or even other symptoms altogether, appear, but as it is a general disease, accompanied with local manifestations, mostly referable to the throat, the character of which we are acquainted, with, naturally await their appearance

to confirm, beyond doubt, our suspicions. That is in lieu of an Epidemic, a special cause, cause that produce it. It also might mention, that along with development of local symptoms, the general disturbance is greatly increased. Dr Roberts, in speaking of symptoms, 3rd American Edition, page 201. Says. "The Symptoms of the developed disease vary considerably in character & severity, & that it is important to note, that the gravity of the constitutional disorder bears no necessary

relation to the throat symptoms, while in appearant slight cases, grave symptoms may at any time supervine".

The above are the general outlines of the symptoms of Diphtheria, confirmed on examination, by finding the exuded fals membrane, it being the confirmatory diagnostic point.

Diagnosis.

The distinction between Diphtheria & Croup, is a much debated question, between medical authors, but the diagnostic distinction, made by our able

honored Prof. of Practice,
Prof Richard Mc Sherry,
to our humble thinking, is
sufficiently clear & explicit,
to guide us in future practice,
Which is as follows -
"Diphtheria begins in fauces,
Croup in larynx.
Diphtheria is asthenic, Croup thenic,
Diphtheria causes sweeling of tonsils,
Croup does not,
Diphtheria is contagious,
Croup is not contagious,
And though the fals membrane
may be of same character in each,
That of Diphtheria is deep,
that of Croup is superficial."

Prognosis-
Considering the above then
a mild form, or simple
case, of Diphtheria, & the
general health, condition,
& surroundings, of patient,
are favorable, it may yield
under proper treatment, when
early resorted to, without futher
advance, or graver symptoms,
but often futher progress
marks an attack, & graver
symptoms encountered, such
as vomiting, hemorrhage
from nose, mouth, & rectum,
Great dysphagia, soon ex-
ists, with enormous engorgment

of Submaxillary, parotid, & cervical, glands. The tonsils, pharynx, & palate, may be covered with this exuded membrane, at first yellowish, but soon becoming ash-colored, brown, or almost black, & of an offensive odor. The tonsils may suppurate, even slough. "In this condition, low recovery may take place, or which is more likely extend into nares, or downwards into larynx & trachea, or into eustachian tubes." When this occurs, death is almost inevitable, proving fatal within a short time,

Treatment=

As Diphtheria is a contagious disease, of course all patients affected with it; should be as near as possible isolated, & removed from the influence of bad surroundings, placed in well ventilated, & healthy apartments, kept well disinfected. All vessels, articles, &c, used by patient; should also be thoroughly disinfected, & kept exclusively for their use;

It being a disease affecting the general constitution, as well as showing local manifestations, the treatment

should be both Systemic & Local especially the farmer. The severity of the different stages calls also for bolder & more decided measures.

Systemic treatment.

The vital forces of the patient should be maintained by good concentrated nutricious food, as milk, beef-tea, egg-nog &c.

Stimulants must be freely used, such as alcohol, Quinine, & iron, Muse being the are recommended by our highly respected, & most successful Prof of Diseases of Children, Prof W. P. Howard, as well as by

other able practitioners, & writers,
Alcohol seem to be especially
benificial, this bring one of the
diseases in which its power
for good in sustaining life,
is most markedly observed.
It should be used, in sufficient
quantity and at short
intervals. Quinine, is often
combined with it for support,
but more especially as an
antipyretic, when ther is fever,
which is usual. Chlorate of
Potassium, administered with
care, is also considered an
agent of great value, "It has
a curative action on buccal &

pharyngeal inflammations, & is a solvent of pseudo-membranous exudations, & is largly diminated by the salivary glands", consequently acts for a long time on these surfaces. At the beginning of an attack, it is well to give a moderate laxative, as Carbonate Magnesia, or Rochelle Salts.

Local treatment.

The object in this is to reduce local inflammation of the part, & to destroy the Diphtheritic poison, or germ. Forcible removal of the exudation, false membrane, should not be resorted to.

Steam inhalations, applications by means of the atomizer, of various things, Lime water, chlorate of Potassium, Carbolic acid & various other things have been recommended, most of which are more or less useful.

But the Bichloride of Mercury, in 1/16 gr doses, one half internally, the other half as a gargle, has since its employment been giving most satisfactory results, & is highly recommended to us, as students, by our able instructors.

In some instances operation

of Pracheotomy, in almost hopeless cases, have been performed, by followed by good results, & should be resorted to, when all other means fail.

In trying to comply with the requirements of the laws, of the old & honored University, in applying for graduation, I herewith submit this, - my humble efforts, - at the production of a thesis. Notwithstanding its short comings, its disarticulated thoughts, one with another, trust that it may be acceptable. To one & all esteemed faculty, I am most respectfully, O. H. H. Dial

Baltimore
Jan. 1st, 84.

S. C.

[illegible]

Thesis By
John C. Cummings.

Subject
Diphtheria

In compliance with the requirements of the Faculty of the University of Mayland. That each number of the Graduating class. must compose and write a Thesis. before he can be admitted for examination. I therefore fully confessing my inability to add any thing to the Science of Medicine. that will enlighten the minds of the medical Profession. attempt a few rude remarks on the Subject.

of Diphtheria. hoping these.
may suffice. I therefore pro-
ceed,
Synonyms. Putrid Sore Throat.
malignant ulcerous Sore Throat. Malignant quinsy.
Membranous angina.
Definition. An acute Specific
constitutional disease. both
Epidemic and contagious.
beginning by an affection of
the Throat and Characterized
by a local exudation and
glandular enlargement.

attended with great prostra-
tion of the vital powers,
and albuminuria, and having
for its sequelae various
paralyses.
Causes. a specific poison
the character of which is
unknown. It is pre-eminently
a disease of childhood,
rare in adults. very rare
in old age. It is apt to
recur in those who once have
been affected. all conditions
of bad hygiene increase its

virulence. and favor its diffusion. although the chief cause of its spread is contagious. the poison exists in the exudations and secretions of the fauces. and the breath. and floats in the atmosphere at a considerable distance from the original source.

The theory of the Bacteria in Diphtheria is not entirely proven. but in my mind is altogether probable.

The period of incubation is from three to five days. Pathological anatomy. The diphtheritic inflammation differs from either the croupous, or the catarrhal form in that the exudation is not only upon, but also within the substance of the mucous membrane, at first there is a redness, which may begin in any part of the throat, associated with swelling and increased secretion

of viscid mucous, the redness spreads over the entire mucous surface, when the exudative makes its appearance. The deposit may commence from one or more points. such as on the Tonsil. Soft-palate. or back of the Fauces, which however speedily extend and coalesce. forming extensive patches. or covering uniformly the entire surface. The patches are of variable thick

ness. which is increased by
successive layers being formed underneath,
The color is usually gray,
white, or slightly yellow,
but may be brownish or
blackish. The consistence
ranging from cream to
wash leather, or removing
the membrane which is
accomplished with more or
less difficulty. a raw bleeding
surface is exposed. at times
an ulcer, which is speedily

covered with a fresh depo-
sit. if the exudation sepa-
rates itself. it is either
not removed atall or only
in thinn films.
occasionally considerable
ulceration or sloughing of
the soft Palate. uvula. tonsil
results. or abscess may form.
the exudation of membrane
examined by the Microscope
is composed of fibrin. pus
corpuscles. Epithelial granular
cells of Bacteria.

of the Larynx, Trachea or Nasal.
mucous membrane participate
in the disease. The croupous
and not the Diphtheritic
form of inflammation occurs.
The lymphatic glands of
the neck are enlarged and
inflamed, and contain large
numbers of Bacteria, arising
from decomposition,
The muscular tissue of the
heart becomes soft and is
easily torn and its fibrillae
are far advanced in fatty

degeneration. Ulcerative endocarditis has been frequently observed. In the more severe forms the kidneys undergoes a granular degeneration. The blood also undergoes alterative being black or fluid.

Symptoms. Following the law of contagious diseases. The symptoms vary in intensity in different cases. The prominent symptoms being of the disproportionate to the gravity

of the attack. The invasion may be mild, with rigors succeeded by a mild fever, headache, languor, loss of appetite, stiffness of the neck, tenderness about the angles of the jaw, or slight soreness of the throat; in other cases the invasion is more abrupt and severe, with chillines followed by great febrile reaction ranging from 103° to 105° Fah) or even higher,

pain in the ear, aching
in the limbs, loss of Stre-
ngth, painfull deglutition
and swelling in the neck,
compelling the patient to take
to bed from the onset, the
appetite is poor, the tounge
slightly crated, sometimes
more or less exudations ex-
tending upon it. the bowels
being slightly relaxed or
they may be regular. the
pulse at first is full and
strong, soon becomes frequent,

or slow. but compressible.
the urine is scanty, high
colored, & contains albumin,
The local symptoms in most
cases are associated with the
throat. The patient complains
of a frequent and persistent
desire to hawk in order to
clear up his throat.
On inspection the fauces
are seen to be red and swol-
len and more or less cov-
ered with a diphtheritic
Exudative. Sometimes the and

tonsils and uvula are greatly
swollen & spotted with exu-
dation, in bad cases more
or less ulceration and slou-
ghing may be observed.
ort- unfrequently fragments
of exudation (The false mem-
brane are expectorated with
particles of the ulcerated tis-
sues. having an offensive
odor. which is transmitted
to the breath. The lymphatic
glands of the neck are enlar-
ged and tender. and in —

severe cases the tissues of the neck are greatly tumefied. extension to the nasal cavities causes a fetid and offensive discharge from the nose. with attacks of epistaxis which in severe forms are almost uncontrollable. Extension to the larynx is indicated by hoarseness or complete loss of voice. Croupy cough and obstinate dyspnoea, which often becomes urgent, the breathing fin

noisy and stridulated, and subject to paroxismal exacerbations. If the inflamation extend to the bronchi the breathing becomes still more embarrassing.

uration by Prof Barthalow, ranges from two to fourteen days, on an average being about nine days, although complications and sequelae may prolong its course, relapse are not uncommon but quite frequent. From

exposure. to cold & damp
draughts and impure air,
also improper Treatment as
the last but not the least
important cause of relapse.
Sequelae. By Prof. McSherry,
Dacosta. & Barthalow,
Those who recover from a
severe attack remain often
for weeks with a pale and
cachectic appearance, due
to the profound blood alter-
ations
Paralysis, is a most common

sequelae following the mild as often as the more severe forms, usually not occurring until the patient seems fully convalescent.

Pharyngeal Paralysis is the most common, causing difficulty in inability of deglutition. Fluids regurgitating through the nose.

Cardiac Paralysis is not unfrequent. The pulsations ascending to 60-80 or even 20 beats per minute.

Diphtheretic paralysis may
The motor muscles of the
eye causing Strabismus (or
ia-Squint) or the muscles of
one side Hemiplegia, or
of one leg Paraplegia, and
of the bladder, leading to
retention of urine or diffi-
culty in passing it. (Sensa-
tion is also diminished
in the paralyzed parts)
according to Hammond on
Nervous Diseases

Prognosis. Always grave.
but more so in children
than in adults. The gravity in a majority of cases is proportionate to the local symptoms. The average mortality is about ten per cent.
Favorable cases or indications are moderate fever. Strength slightly impaired. a good constitution & moderate exudation.
Unfavorable indications are great depression spreading

exudation, great swelling
of the cervical glands. large
amount of albumin in urine
extension to the larynx and
nasal mucous membrain.
hemorrhage from the fauces
& nose. & an Epidemic char-
acter.
Diagnosis from follicular
ulceration of the tonsils
which is frequently termed
Diphtheria. by the slight-
or absent systemic Symtoms
the ulcerative condition being

limited to the tonsills, often but one, and the absence of glandular swelling & following palsies.
Frofon pharyngitis, by the absence of exudation and loss of facial tissue, and constitutional symtoms.
From Mumbranous croup by the difference in the constitutional symtoms, in Diphtheritic of the larynx the depression is markedly that of Blood poisoning

while in croup all the
symptoms of depression
are in proportion to the
obstruction to respiration.
in croup the pharynx re
mains clear and is but slight-
ly inflamed. a condition
opposite to diphtheria. in
croup the symptoms are
sudden. the opposite in diph-
theria.

Prog Scarlatina by the
presence of the eruption and
the and the absence

of the eruptive and the absence of the membrane in the fauces.

Treatment. By Profs McClung Howard, DaCosta, Barthalow (and a few prescriptions of my own.)

The blood being more or less altered it follows that sustaining measures must be resorted to in all cases.

The diet must be of the most nutritious character free from the most indigestible such as Eggs.

oysters broths &c. at intervals of not of not less than two hours, If deglutition is too painfull resort must be had to neutrition by enemata. Stimulants must be used boaldly from the onset, guiding the dose only by the effect. to a child two years old from m xxx upward, to an adult almost unlimited only by Idiocrincrocy. given every two or

(Spiritus Tini galici.)
Tinct Ferri Chloridi. in full doses frequently repeated have proved when begun early in the attack to modify the course of the malady besides having the advantage of affecting locally by coming in contact with the mucous membrane of the throat in swallowing.
Ed Formula that I have used in a number of cases is as follows —

Tinct Ferri chloride gtts v. x. xv
Potassium chloride gr iij. v
Glycerin mi xv, xx
Syrup Zingiberis fzi to ij
Mi Sig in water evy three hours to a child from two to three hours. two or three years of age. in the more severe cases adding acid carbolic q s for gargle.
Tinct Belledona. gtts i to v.
Febrifuges,. Nitrous Powder,
Tinct Aconite Root; Infusion Digitallis, Cinchona and

its alkaloids are the best.
Jumna in dose of from gr xv
to ʒi for die according to
age throughout the entire
course of the disease, Calom-
al in small doses in com-
bination with Bi Carb Soda,
untill the Breth becomes
fetid has a beneficial
effect. a tolleranc to
calomal seems to exist in
the disease, Prof McCheney
highly recommends the use of
Hydrag chlor crosen-

formula as follows.
℞ Chloride Mercury gr i
aqua ℥viii
Ammonia carb ʒii
M Sig ℥ss use half as
a gargle and swallow
remainder internally, all
most a specific in
the hands of Prof" McArthur
treat the febrile symptoms
as they arrise.
Locally Cleanliness of the
fauces of the utmost
importance. and if a mem

irritating disinfectant is added, its value is much enhanced. Dr Barthalow recommends the frequent application of a solution of acetic acetic acid. or lactic acid. strong enough to taste sour by means of a mop or swab or spray. The following is an excellent gargle. mop or spray

acid Salicylic	gr xx
Glycerin	℥i
Aqua dest.	℥iij

℞ Potass Chloras ℥iv
acid carb gr ij. iv
Tinct Myrrh ℥i
Infusion Cinchona ℥ii
M Gargle or Spray.
Inhalations of aqua calcis
& Glycerine. or carbolic
acid. Sponge dipped in
hot water. and placed to
the angles of the jaw are
good, and tube to return
in many cases. The temperature
of the room should be kept
at - not - less than 60 or

more than 65 far, and should be kept moyst by steam from boiling water, if the exudation extend to the narrees. injections must be used poorsistently. of some of the above-lotions, or by the solution of Potassium Permangate ʒi to ʒii water ℥iv to vi. or the following is good

Tinct Ferre Chloride ℥ss
Aqua Calsis ℥iv
Mr Sig use as a Spray

Prof" Howard of this Univer-
sity highly recommends the
following as a Spray or
gargle in all forms of the
malady. with much success.

℞

acid Carbolic	gtts vi
Glycerine	℥j
Aqua Pura	℥ij

℞ or

Lactic Acid	℥ij
Aqua Pura	℥iv

use as a gargle every hour.
with plenty of Milk Brandy &c.

or in other words give the patient plenty of good nutritious albumen which is not irritating but easily digested. With these few rude remarks I leave the subject. For further consideration & future study & reflection, acknowledging my inability to do the subject justice.

Respectfully

J. C. Cummings.

Malarial fever or as it is sometimes termed Bilious fever is another form of malarial fever, it is more common in tropical climates and in this country it is most prevalent in the south and west. Its distinguishing feature is the character of the febrile attacks or rather the remissions of the fever. There is a stage of remission but not of entire absence from fever as in the intermittent form. It is more dangerous than the other form. There is a cold stage but of short duration and it may be so slight as to escape observation. The hot stage

is much prolonged lasting from six to twelve hours and then passes into the sweating stage, which may be imperfectly developed and thus gradually going into the remission stage. An attack of a mild fever is generally ushered in by a feeling of malaise, lassitude, loss of appetite, epigastric uneasiness, pain in the head; though sometimes it may be sudden. The fever runs through its various stages and the remission stage lasts from six to twelve hours. The temperature does not reach any greater elevation in this than in intermittent but never falls to the normal

ing it is called bilious is that
the skin takes on a jaundiced
appearance. The pulse is weak
the respiration is not much
changed. There is not unfrequently
..ndiness coma and delirium
the patient is often passes
into the typhoid condition.
Bristowe "to whom I am indebted
for my information on this subject
says "Remittent fever presents at
first sight" almost close relation
ship, in the type of its fever, with
enteric fever, & makes them with
the varieties of intermittent fever.
and indeed enteric and hectic
were formerly in many of their
forms termed remittent and regarded
as of malarial origin. It is
certain however that the ...

remittent forms of temperate
climates have no affinity with
ague. And, on the other hand it
is equally certain that there
is no essential difference
between remittent & intermittent
forms of ague.
For not only do they arise from
the operation of the same cause,
and present symptoms consistently
alike, but their varieties shade
into one another by insensible
gradations, and they alternate
with one another or
replace one another in
the same individual.
Thus far we have been speaking
[illegible] might be called a typical
case of the forms of malarial
fever but they may vary.

There is a form of this fever known as the congestive and it is very soon fatal, there may be bleeding from the nose, stomach, bowels, bladder or into the substance of the organs. The first of these attacks may last and the third is generally considered fatal. Prompt and vigorous measures are necessary to stop the paroxysm. I heard an old physician say that upon one occasion he gave a patient who had the third congestive attack one dose of 9 i of quinine and a [illegible] of whiskey and then used warm baths and wrapped him in blankets and thus relieved him. There are other affections [illegible] [illegible] [illegible] but these are sufficient to show the nature of the disease

ng stimulants or by nourishments the urine may be loaded with bile products. Beef tea Wine whiskey brandy &c

Quinine is the surest agent to use, if the stomach can't stand the [illegible] use suppositories of Quinia this is the best mode. 30 gr a day will arrest the attacks, [illegible] Clear out the bowels by an emetic or purge or both combined Calomel & Ipecacuanha [illegible] any imprudence on the part of the patient will expose him to recurrent attacks therefore we must keep up the quinine on the 7th 14th & 21st days after the paroxysms have ceased, the paroxysms may

become a habit. The other reme-
dies recommended are Tartar
Emetic, Opium, Arsenic & alkali
Liquor potassii arsenitis in
gtt 10 doses Iodine Eucalyptus
Salicylic acid, Muriate of
ammonia in ℈i to ʒii doses
Cinchona is second to Quinia
and these stand preeminent
of our known cures. Florida
to be used as a prophylactic
against the disease. The best
treatment is to move away
from the malarial district
thus removing the cause which
is the essential element to the
cure of any disease.

R. B. Hudson Jr.

mena as are entitled to [illegible]
Let it not be supposed that,
in so brief a treatise as this,
I shall be able to [illegible] in detail
the various hygienic measures
which are employed to assist
the action of medicines. What is
however to be insisted upon is
that the physician should not
only familiarize himself with
those laws which concern health
but that in each particular case
with which he has to deal he should
endeavor to disseminate such infor-
mation as he may have acquired
in this line. For how often does not
the doctor fear that the effect of
his medicines is nullified by the ig-
norance of his patients? These hy-

[illegible] is made a leading branch in every public school it is to be feared that we shall never be able to approach any thing like the ancient ideal of perfection. "Sana mens in sano corpore." So much by way of an apology for broaching a subject which I think is not sufficiently enlarged upon and which especially with country practitioners is not accorded that prominence which it merits. And now, lest I may be thought to digress from my subject, I must leave these general considerations to proceed to particular examples. In doing this it would be a vain task to traverse the whole field of general disease. A few exam-

ties therefore will serve as types of illustration in regard to what I started out to show, viz, the influence of hygienic measures either alone or in conjunction with medicine. Statistics of longevity of the principal European cities kept during the last few centuries show a considerable increase in the average duration of life since Shakespeare's time under improved sanitary regime. We need not be surprised at this when we consider the remarkable disappearance of some most mortal diseases. The plague that filth engendered malady has almost entirely [illegible] in Europe after [illegible]

I beleive carried off about one third of the human race. Cholera and small-pox, too, have been shown of half their terrors and if as has been said, we cannot prevent their occasional outcropping in our midst by means of cordons and quarantines we can at least diminish their frightful mortality by sanitary police and exclusion of the affected, by procuring pure drinking water on the one hand and securing prompt vaccination on the other.

Importance of Cleanliness. Filth is a great promoter not only of disease but of that of the most virulent description. That good therefore

can be expect to accomplish in a case of typhoid fever with [illegible] [illegible]lating and supporting plan of treatment such as beef tea milk whiskey gruel and the like so long as the exciting cause in the shape of foul air or drinking-water contaminated with alvine discharges containing the material morbi of the disease [illegible] [illegible]?

The chief element in the treatment of this disease must be to ensure perfect cleanliness of air, food and water and of the patients surroundings

Rest. Another important principle [illegible] [illegible] [illegible] is the [illegible] [illegible]

fected part or organ in a st[ate]
of rest. Thus we all know that i[n]
nephritis
Bright's disease ~~the~~ action of th[e]
skin having been suppressed by
cold or damp, the kidney become[s]
too much congested to perform
its function properly. In conseq[uence]
scanty elimination of urine, anu[ri-]
ry and uraemia result. Hence in
its relief we strive to ease the
hyperaemic kidneys with the
judicious use of the bath; to fa-
vor the cutaneous circulation
by keeping the bowels freely open
in order to divert the waste pro-
ducts into another channel; and
finally, in order to give the kid-
neys as little work of elimina-

tion to do as possible, [illegible] should
forbid the [illegible] use of [illegible]
genous articles of diet such as
meat etc.
In certain forms of dyspepsia
where the stomach has been
taxed beyond its limits of endu-
rance by hasty or overeating it
must be relieved not by a sys-
tem of starvation as was former-
ly advocated by insisting that
the food shall be taken in proper
quantity and thoroughly masti-
cated, thereby giving it only its
due share of labor to perform.
Other instances as to the value of
rest may be cited for example
[illegible]

fections, in which all needless ex-
citation and similar demands
upon the powers of the lungs are
to be avoided and thus to fre-
quent disease brain exhaustion
produced by intense activity and
the anxiety for wealth or social
distinction in which the remedy
is "Brain rest in moderate total
and prolonged,

Causation. Probably in no other
disease does regimen play so im-
portant a rôle as in pulmonary
consumption. One of the primary
indications in every disease is to
remove the cause. As in the pres-
ent instance this is found to re-
side in those influences which

[illegible]
[illegible]
[illegible]
must not forget to second his
medication with such nutrit[illegible]
alimentation as fats, milk, eggs
starchy food &c, remembering,
meanwhile, the value of beef-tea
and alcohol as stimulants
[illegible] emotions. The state of the
mind exerts a powerful influ-
ence on the system at large.
Through the intimate connection
between the cerebro-spinal and
sympathetic sets of nerves. We may
here call to mind the familiar
illustration of one who is awaken-
ed from nightly repose by an al-

[illegible]k of the incubus. Primarily, the
pneumogastric is stimulated, and
the action of the heart is impeded
[illegible]
[illegible]ction sets in the sympathetic
comes into play and the heart [illegible]
[illegible] time runs riot. Nebuchadnezzar
of old we are told by the Scriptures
[illegible] for a period of [illegible]
[illegible] years ate grass like an ox. His
hair and nails grew long [illegible] his
body assumed the attitude of a
beast. Modern physiologists believe
that this was a form of [illegible]
of [illegible] in which a per-
son imagining himself a beast
[illegible] accordingly. Thus.
[illegible]

[illegible] expression [illegible]
of the day [illegible]
as the value of the statement from
a physiological standpoint has
become lost to posterity.

Familiar to us all are those instan[ces]
[illegible] in which [illegible] failing [illegible]
been averted by news of some un-
expected event, by stimulus of hope
even by the consolation imparted
in the administration of the last
rites of religion.

[illegible] has been known to die from
paroxysms of anger and the pow-
er of the same passion when the moth-
er has caused convulsions in the
suckling babe. We need not dwell
the subject further [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]ded from the sick. One of the most frequent concomitants of Dyspepsia, is what might be termed a species of insanity — hypochondriasis. Cullen describes it thus [illegible] [illegible] ex causis non aquis. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]y to almost any disease.

Says [illegible] Thomas [illegible]," "[illegible]
management of the mind of
hypochondriac is peculiarly [illegible]
and difficult. It will not do [illegible]
treat him as though his ills [illegible]
imaginary. You must hear him,
prescribe for him and assure him
that he will be cured provided
he follows your directions. If you
can succeed in gaining his confi-
dence and persuading him of this
the battle is half won.
The [illegible] manufacture of food as
a cause or a cure of disease can-
not be overestimated. Dysentery
and diarrhea may be produced
by either taking too much or that
which is of bad quality. Dr. [illegible]

... his much-lauded work on Heart and Blood Vessels &c, refers to the utility of a stimulant with which to put to flight the "Blue devils" contending for the possession of the dyspeptic classes. It behooves every physician though he may not be a tyro in the culinary art, to have at hand a list of formulae for the preparation of various liquid dishes from which he can draw to suit the emergencies of each particular case. The remarkable prolongation of life in the case of [illegible] efficiently exhibits the beneficial effects [illegible] not also infer that the fai[illegible]

[illegible]
-tach of knowledge with respect
to this collateral branch of sc-
ience if so we may term it.
Bathing is a remedial measure
with which we often can not well
dispense. In croup, when deathly
spasm impends, immersion of the
body of the child in warm water
is often called for. So too in other
a most excellent tonic is the
cold shower bath when not con-
traindicated by the probability
of excessive shock or alarm. Even
this, however, is prevented by us-
ing tepid or warm water at
first. In many persons who exhi-
it a tendency to catch cold bat

nutritious covering both for the invigoration of the system and the prevention of disease. With infants, however, as most of them unlike Richard the Third are not born "with their teeth on" and their bodies being extremely susceptible to external impressions especially sudden changes of temperature, washing with warm water only is to be enjoined.

But I must pause here lest I become voluminous at the expense of originality. I have endeavored in my own feeble way to show that the duty of the practitioner is by no means ended when the pill mass, bolus, mixture

draught, vapor, suppository or injection. [illegible] engulfed [illegible] described. Although I have not exhausted my subject enough has been said to show its importance. Many medical men are apt to consider the enforcement of the [illegible] as burdensome until they come to consider the fearful responsibility of their charge. Nor is sanitary science only worthy of attention in morbid conditions. The enjoyment of the perfect health which it induces constitutes a large share of our earthly happiness. Some portion of time may thus be appropriated from

the rather trite old saying—Vivimus dum vivamus cras enim moriamur. That is, to say, let us live happily whilst we live for tomorrow we die,—in order that we may live happily, let us be healthy.

Sketch

by

Rudyard Kipling

Laceration of the cervix Uteri. The cause of, the prevention from & the operative measure for its cure. Trachelorrhaphy.

The 1st consists of the separation of continuity of the tissue of the cervix uteri during labor. It may only involve the mucous layer of the canal, the mucous & middle layers of the cervix or all three layers of the cervix. The rupture may be unilateral, bilateral or stellate. Sir J. Y. Simpson of N.Y. 1st called attention to this laceration in 1851; & said it was not always due to mismanagement in labor

as formerly supposed; but its occurrance in primipara was so frequent, that it might be considered as a diagnostic point of labor having occurred.

To Dr T A Emmet belongs the story of recognizing & performing the operation. In 1862, by accident, as he admits himself, that he conceived the idea. While treating a lady for granulations of the cervix, he happened to have a tenaculum caught on each side of the cervix — & pulling them forward the continuity of the cervix was restored & the granulations covered.

The idea took root in his
fertile brain, as the acorn does
when planted in good soil;
sprung forth & grows into a
beautiful tree, whose branches
spreading forth, protect from the
heat of the day the beast who
seek repose under its cooling
shade & at night gives a
resting place & protection
to the fowls of the air.
Just so did this idea grow
in Dr Emmett's mind, & by
the coordination of his hands
became one of the greatest
creations in Gynecology.
By this woman unable to stand

to the duties of life & for whom existance is but a torture, is made! as did the Prophet of old: "to rise up & walk", & thank their creator for his manifold blessings.

The laceration takes in the lining membrane of the cervical canal, with its reticulated mucous membrane & great number of Nabothian Glands. Therefore if it should give rise to any Pathological results, we will have primarily the inflamation of these parts; secondarily those which we s... ...

As laceration of the cervix occurs during parturition, it interferes with involution of the cervix & the body.
The degree of laceration will bear some relation to the interference of involution, as some of the results of laceration, we have cystic hypertrophia of the cervical endometrium, which is rich in glands, hypersecretion granular degeneration & ulceration of the lining membrane.
This condition use to be & is now called by many inexperienced Drs.

inflammatory ulceration of the cervix & treated accordingly by depletion & caustics.
Laceration of the cervix does harm without producing sub involution. If we were to sew up every woman just because she had a laceration, we would subject many to useless operation. Therefore an operation should never be done unless we have a sufficient reason.

Causes

Precipitate labor, manual delivery, instrumental delivery too soon evacuation of the

[illegible], [illegible], [illegible] &
continually, use of ergot, [illegible]
cervix, section of cervix to permit passage of presenting parts, cicatricial tissue in cervix, slow & tedious delivery; in which the parts become [illegible], hot, dry, & very friable; & most of the [illegible] [illegible].

In Precipitate labor we should control the pains by some anæsthetic, & [illegible] [illegible] [illegible] flexible & soft by hydrate of chloral grs. xv every 20 minutes until [illegible] has been taken. Immediate delivery by

turning in the hand & bringing down & extraction of child before the os uteri are prepared to its expulsion, blameworthy [illegible], also by untimely and careless manipulation of parts. We should be as careful to preserve the integrity of the os as of the perineum. Too soon evacuation of water; these should be preserved until every part is lax, soft & fully dilated. Especially should this be observed in breech presentation; in case of a presentation the bag is an irregular shaped [illegible] if brought down on the os.

Therefore this will be rapidly dilated & to a less degree, than if the head presented. Then also the shoulders & head come to be expelled, greater danger of laceration. When the body is out leave as before all to nature until by the pulsations of cord we find interference is needed. If we were to pull on the body from below, the head formerly flexed on the chest will be extended & present the occipito mental diameter, instead of the occipito frontal which is the smaller & the arms naturally folded upon the chest will be

[illegible] up into the bottom of the head or version is to be [illegible] back [illegible] & [illegible] be an additional obstruction to delivery, & [illegible] the introduction of the hand to complete delivery.

Rigidity of the os is left for the water & hydrate chloral to effect or Barnes fiddle bag dilators. Untimely use of ergot & evacuation of the waters, in the uterus to violent contraction In tedious delivery, in which the pains become weak & leave the patient nearly to death, without producing any

tive expulsive efforts. The parts become congested & swollen & the laceration is apt to occur as head is descended & expelled especially after premature rupture of waters. For the pains give repeated doses of Sulph-quinine gr. xx every 30 minutes until 2 doses are taken. This seems to have a tonic influence upon the system & the labor pains excited.

Hot water injected into the vagina by the fountain syringe softens & excites contractions. When we suspect a laceration never fail to look for it & if present make antiseptic &

detergent injections & all means to prevent septic poisoning & promote healing of the cervical rent. The horizontal position should be kept for a month if necessary, to avoid as far as possible, separation of the lacerated edges during the forward & backward rocking of the uterus incident to respiration & locomotion. Abortion whether criminal or not gives rise to sudden expulsion of the foetus & its appendages in intrauterine life, The cervix not being prepared for this expulsion will

be often lacerated.

Primary Trachelorrhaphy.

When we find that bleeding continues after expulsion of the secundines & the hard firm contraction & retraction of the uterus. Then look for the cause & we will invariably find that the cervix has been ruptured & the bleeding comes from the torn tissues & arteries; especially the circular artery. You may apply styptics tampons to the vagina & yet stop hemorrhage. The best safest means is to put some on left side [illegible] [illegible]

[illegible] & [illegible] the cord
with a silken suture, the [illegible]
may stop haemorrhage but we
[illegible] run the risk of septicaemia
from the decomposition which
is apt to take place & also the
blood not finding a free exit
may accumulate in the uterus
& thus one form of fatal
haemorrhage be exchanged
for another.

<u>Symptoms</u>; <u>from Laceration</u>

Leucorrhoea, menorrhagia
metrorrhagia, at every inspiration
& expiration the uterus moves,
hence the cervix becomes grazed
& red by friction. Irregular pains

their region + bearing down
expulsive pains, nerves being
caught in cicatrices give rise
to neuralgia; one case
mentioned by Dr E. Strasburg
Sutton of Pa. in which the
patient could be thrown
into convulsions by simple
pressure with finger upon
an angle of cicatrice while
any other point about the cervix
gave no pain. Removing from
the angle a large mass of cicatricial
tissue + introduction of silver
wire gave permanent relief.
Sterility by the secretion of
acid matter which kills

the [illegible], [illegible], [illegible]
of preparation.

<u>Diagnosis</u>. Should be made with sims speculum & drawing the parts together to see if integrity of cervix is restored. We have to diagnose this laceration from granular & cystic degeneration, hyperplasia, & malignant disease. The results from laceration are as follows: Chronic peri uterine cellulitis, Sub-involution of a part or whole of uterus, epithelioma of cervix, sterility, menstrual disorders, cervical & corporeal endometritis, Degeneration of the glands.

[illegible] of exposed endometrium, neuralgia of cervix, & dyspareunia, tendency to abort & [illegible] sterility.

Trachelorrhaphy is often insufficient because conditions & indications for operation have not been recognized or else [illegible], proper preparatory treatment was lacking or not sufficient & lastly, a bungling job having been made.

Indications & contraindications for Trachelorrhaphy.

Bilateral laceration seldom if ever demands operation. Multi-

First we must have a patient to be operated upon. She must be fully prepared some 2 hours before time for operation, & having eaten nothing, & hours before so as the stomach may be empty

Hot water to the amount of some gallons thrown against the cervix will reduce the congestion. Four assistants are required: one to give the anisthetic one to sponge, one to hold speculum & one to wash sponges, prepare needles & cet.

Instruments needed.

A speculum rectangular scissors, tenaculi, needle forceps, long forceps, wire shoulder sponge holders, the best is the long forceps. Sims cervical needle which is round & scooped out on point by which it catches hold better, a double thread is put

through the eye & by which the wires being hooked into, are drawn into position. Plenty of hot water small clean sponges & a lot of clean soft towels.

The woman thoroughly anesthetized is brought down to the edge of the table & put in Sims's left lateral position, speculum introduced & the cervix drawn down by a piece of silk passed through it. The edges of laceration drawn forward so as to form an idea of amount of surface to be denuded. Catch up a piece of mucous membrane with a tenaculum & pare off the surface, except a strip

which is left to form the and
full surface is denuded of the parts
brought together pass into and
a piece of cotton + wood that the
mucous membrane will form.
Stop bleeding by pressure + hot
water or sponges. The sutures
are put in 1st at the edge of the
denuded surface. + the parts brought
together. The urine with
drawn with a catheter for several
days + also bowels kept quiet.
Carbolized irrigations twice daily
+ on the eight day if the
parts are firmly adherent
you can take out sutures
If complications should arise like

Bronchitis

Definition - Inflammation of the mucous membrane of the bronchial tubes.

Varieties - Acute and chronic; general and capillary; plastic, rheumatic and syphilitic bronchitis.

Etiology - Exposure to cold is the most frequent cause of bronchitis. But like laryngitis may arise from inhalation in certain employments as masonry, needle-grinding etc., of solid particles of matter, which act as mechanical irritants and thereby set up the disease. And again it may occur as a complication or sequela of measles, febrile disorder.

as measles, pertussis, influenza
and typhoid fever; and also in
connection with idiopathic af-
fections especially the heart and
kidneys. Pulmonary tuberculosis
carcinoma, and probably, syph-
ilis, rheumatism and gout
may predispose to it. And
again either sex may be at-
tacked, though it seems to have
a marked preference for those
who have suffered from previous
attacks.

Stages. – Ordinary bronchitis
is divided into two stages, etc. 1st
the stage of <u>diminution</u> of secre-
tion; and 2d, that of <u>increase</u> and

perversion of it.
Physical Signs.- Percussion normal unless there is quite a considerable accumulation of mucus in the bronchial tubes in which case the normal resonance is diminished in the lower and posterior regions.
Auscultation.- In the dry stage sibilant and sonorous rales may be heard on both sides of the chest; varying from time to time in seat character and loudness.
In the stage of secretion we have in conjunction with the sibilant and sonorous

the mucous rales large and small heard on both sides of the chest, These rales are very inconstant coming and going and changing their situations. In some cases the rales are so abundant as to entirely mask the respiratory murmur. In some attacks of very slight bronchitis there are no distinct rales, but in cases of this nature, the respiration assumes a sonorous character; And again in addition to the ordinary signs of bronchitis auscultation discovers, if the disease be exten-

sive enough that the vesicular murmur is weakened or suppressed, and instead sub-crepitant rales are heard on both sides of the chest, accompanied by sibilant rales of a hissing character, if these are abundant we infer at once that the capillary tubes are affected; but they may be present to a limited extent posteriorly owing to the gravitation of fluid from the larger into the smaller tubes. If these are confined to the base with resonance on percussion

you may infer at once
that it is of inflammatory
origin.

Symptoms and Progress. - The
symptoms of bronchitis vary
very much though they are
known in varying proportions
those of inflammation, those con-
ditions relative of blood and
those directly referable to the
condition of the bronchial
tubes and lungs, and to the
many troubles those arising
from mechanical im-
pediment to the transmission
of blood through these or-
gans. In an acute attack

a bronchitis the symptoms of inflammatory fever are always most marked at the beginning and exacerbations of the disease as affections, these disappear entirely to be replaced by other conditions during the progress of the disease.

The temperature, unless it be in some cases especially of capillary bronchitis in young children rarely exceeds 102°F. though in the capillary form it may amount to 103° or even 104°F.

With this elevation of temperature there is at first rigors or chills followed by a hot dry skin

exertion of body, hurried
respiration, furred tongue, loss
of appetite, thirst, constipation
and scanty turbid urine;
he may complain of head-
ache and febrile pains in
his limbs, he is apt to be
drowsy, though often wakeful
at night. The temperature
may be subnormal or even
in acute attacks, because im-
perfect aeration of the blood
tends to reduction of tempera-
ture, disturbance with the
powers of nutrition and
also to enfeeblement of the
heart's action and the fever.

The face, cheeks and lips assume a livid hue, and in addition to this, there is a tendency to the confusion of the mental faculties, to delirium and coma. The local symptoms consisting at first cough, short, dry and irritable, with tightness and soreness in the upper and anterior part of the chest. Later on the cough becomes deeper and loose with expectoration, difficulty of breathing, increase of the number of respirations and an [illegible] anguish of the patient.

The various forms of rhonchus and crepitation being produced by thickening of the bronchial mucous membrane or secretion into the tubes. Morbid Anatomy.- Inflammation of the bronchial mucus membrane like inflammation affecting other mucus membranes, is attended with change in their epithelial covering glandular secretion and subjacent tissues. In some rare cases groups of bronchial tubes are occupied by laminated fibrinous casts, which on separation present a branching or

tree like aspect. The mucous membrane becomes congested, so intensely at times that it may become the seat of minute extravasations of blood, which at the same time undergoes more or less infiltration and thickening, and may acquire a granular or villous aspect. Thus in some cases the walls may undergo gradual removal; the cartilages disappearing either by caries or necrosis; the surrounding lung tissue sharing to a greater or less extent in the destructive processes, and

the tubes are converted into irregular channels bounded by diseased lung tissue. Ulcerative destruction takes place occasionally from without, as a pulmonary, glandular or other abscess, opening into an adjoining tube. Bronchitis is limited in a large proportion of cases, to the tubes of larger or medium size: but sometimes affects mainly or entirely the minute tubes. In the latter case not only is the affection marked by greater intensity of symptoms and aggravated danger

to life, but the local patho-
logical changes assume a
more serious character.
The thickening of the mucous
membrane encroaches more
seriously on the channels
of the affected tubes and the
secretions tend to accumulate
in them and hence completely
block them up:
Complications - Asthma, pneu-
monia, bronchial dilatation,
pulmonary collapse. Broncho-
pneumonia is especially com-
mon in early life. Disease
of the heart especially of the
left side is not rarely attend-

by chronic bronchitis as well as by attacks of pulmonary congestion.

Before giving a general description of the disease I will endeavor to point out the symptoms, termination, diagnosis and prognosis of the three principal varieties acute bronchitis chronic bronchitis and capillary bronchitis the latter being a very grave form of the acute. Bronchitis. Symptoms. These vary very much according to its severity and the conditions which cause

or complicate it. In its mild-
est form it is comparatively
a trivial affection. It usual-
ly begins in such a case
with an ordinary catarrhal
inflamation of the upper part
of the respiratory tract which
travels downwards involving
first the larynx and then
the bronchial tubes. We have
fever irritability of the bron-
chial mucous membrane
tickling sensation in the
throat and a sense of
burning in the chest, cough,
the paroxysm of which, in-
creases very much the intra-

thorax discomfort. There is generally tenderness over the sternum with tenderness and aching of the muscles of the upper and anterior part of the chest. Cough at first dry but in a short time becomes loose attended with the discharge of transparent glairy mucus, which in time becomes opaque and muco-purulent, and then gradually cease and health is restored at the end of a few days or at most after the lapse of a week or two. In more severe cases the

the symptoms are the same
in kind but aggravated. The
febrile phenomena which
usher in the attack are
more intense the cough
pain and tightness in the
chest are much more dis-
tressing and there is more
or less obvious dyspnoea.
There may be much mor-
al distress when the cough
is dry and the mucous
membrane of the lividity
of the surface and the pa-
tient may even at this
stage die asphyxiated, but
this is by no means a

very common occurrence; but more generally however, as in the former case, the mucous membrane begins to discharge and the cough is attended with expectoration though it is more profuse than in the former case, and also apt to be streaked with blood still it passes through the ordinary phases.

Terminations.- Acute bronchitis may end in death from apnoea in the first or second stage; or in chronic bronchitis; but

most generally in recovery.
Diagnosis.- If we combine
the rational symptoms and
physical signs there is no
possibility of making a
mistake in diagnosing
an acute attack of bron-
chitis confined to the
larger and medium size
tubes.- The most dangerous
form of bronchitis is the
one we term capillary.
It is that form in which
the inflammation affects
mainly, if not exclusively
the minuter bronchial
tubes. It is most com-

mon in children though it frequently affects persons of old age. The fever which ushers it in is more intense the difficulty of breathing and lividity are considerable; the cough however may be much less severe than in other cases, and may remain inefficacious and dry even during the stage of secretion from the difficulty of dislodging accumulations in the minute tubes; and furthermore there is not so much

cut. - There is pain in an violent coughing. The physical signs have previously been spoken of.
Termination. - The tendency in a well marked case of capillary bronchitis is to a dry death from asphyxia and debility, though not necessarily fatal, for we do have good recoveries.
Diagnosis. - This disease may be confounded with pneumonia but is known from that disease, by normal exaggerated resonance on percussion and by exit

ence of subcrepitant rales on both sides of the chest and by the abscence of bronchial breathing. We could readily differentiate had we no other means than auscultation and percussion, but when we combine the rational symptoms and physical signs we are certain of the diagnosis.

Prognosis.— Acute bronchitis may be dangerous in old persons and young children but seldom fatal in middle and vigorous life.

The capillary bronchitis is very severe indeed, especially in old persons and young children, therefore our prognosis should be guarded.

Acute lobular bronchitis according to Leibert has a mortality of one in every four cases. The prognosis in chronic bronchitis is ordinarily favorable, so far as life is concerned provided that no emaciation occurs. If there is emaciation, the fatality may be due to tubercular in the bronchial glands.

or lungs and of course in such a case the prognosis is very unfavorable.

Chronic Bronchitis.— Bronchitis may become chronic at all stages and in persons of any grade or society though it most frequently selects those of middle or advanced life and especially is this true of the labor q classes. If a patient has suffered from an acute attack of bronchitis and continues to expose himself to the conditions which cause it, the inflammation is very likely to be [illegible].

and again it is one of those affections which when once having been experienced reoccurs, tends to occur on the slightest provocation. Chronic bronchitis generally presents a history similar to this: — patient after exposure to vicissitudes especially during winter has an attack of the disease from which he recovers in the ensuing spring if not before, provide he is exempt from the causes which gave rise to it, and remains fairly well until the approach of winte[r]

when the disease is again contracted from which recovery again takes place. These attacks of winter cough then recur annually, gradually increasing in severity and duration, and also the intervals of good health become shorter during each successive interval the bu[illegible] becomes shorter, until it merges in that bronchitic condition which by this time has become continuous though probably presenting winter exacerbations. An attack of this kind differs

very little in its symptoms from an ordinary acute attack save the febrile disturbance is not present and that the expectoration is apt to occur and to assume the muco-purulent condition and at the same time to become more or less abundant until the approach of long-delayed convalescence. It is characterized therefore by cough, expectoration, and slight dyspnoea. The physical signs have been previously mentioned. Such long continued attacks

as these gradually but
most certainly lead to some
pulmonary lesion, so to
those remote lesions refer-
able to long continued con-
gestion of the systemic
venous system which fol-
lows usually on this dis-
ease and other affections
also, but in these pro-
longed attacks of chronic
bronchitis we are apt to
have dilitation of the tube,
emphysema, dilitation and
hypertrophy of the right
side of the right side of
the heart. The secret

in bronchitic subjects dif-
fers very widely. in some
it is so profuse that we
give it the name broncho-
rrhoea and in some others
it is so scanty as to be wor-
thy of the name dry
bronchitis. And in some
other conditions, even when
no gangrenous condition
is present, the expectoration
is very fetid. such a con-
dition is said to exist
when there is dilitation
of the bronchial tubes or bron-
chiectasis
Prognosis.- Chronic bronch-

is not often fatal, even by exhaustion; but it may last an indefinite time even many months.

Diagnosis.- There is no difficulty except in distinguishing chronic bronchitis from phthisis. Here again our physical signs come in most admirably. Absence of dulness on percussion and the signs of excavation are the most important. The expectoration is whiter and of less weight in bronchitis and there is no distinct hectic fever. And again the

temperature does not rise so high in chronic bronchitis as it does in tubercular phthisis.

Treatment.- As bronchitis is one of the most common diseases of the temperate climate and also one of the most frequent sources of incapacity for work and enjoyment of life and besides it being one of the most fruitful sources of death I regard its treatment as a matter of great importance and will speak of it under 3 different heads, Hygienic, local and medical.

The Hygienic Treatment. This comprises the keeping of the patient in a moderate temperature, not much below 65° F. and if possible not exceeding 66° or 67° F., carefully confining him to the house or even to one room, you must maintain some degree of moisture of air in the room, the use of baths, the Turkish or the hot pediluvium, and be sure to regulate the diet according to individual constitution and needs.

Local Treatment. Under this head may be included

the treatment applied to the skin inclusive of counter-irritation by mustard plasters, blisters, dry cupping and the local abstraction of blood, either by leeches or cupping glasses; or you may medicine to the mucous membrane, by the inhalation of steam either simple or medicated. By treating of bronchitis under these separate heads, I do not wish to say that we must follow these rules as laid down but that we must adopt them to each individ-

nal case according to circumstances, that is to say we must treat the symptoms and conditions as we encounter them clinically and not according to the name of the disease.

Medical Treatment. - If we see the case in its incipiency it is rational on our part to try to abort it if possible, by giving at night a glass of hot lemonade + 3-5 gr. Quinia + grs. x of Dover Powder, after a warm mustard foot-bath. For a child, of course you

would have to regulate your dose according to the age. Should this treatment fail or be omitted, a brisk saline purge purge should be given, say of Epsom's or the Rochelle salt or citrate of Magnesium. In ordinary mild bronchitis little or nothing is needed beyond keeping the patient in a warm room, the inhalation of steam, the application to the chest of a mustard plaster, the use of the hot bath or pediluvium, the relief of thirst and dyness

of mouth by warm delivered drinks, and the internal use of Opium and Ipecacuanha. say - ℞.-

Pulv. Opium gr. II.
Ipecacuanha " II.
Make pil. no. 8. one every 4 hours.

or ℞ - Spti. aether. nitr., ℥ss.
Syr. Ipecacuanha, ℥iss.
Ol. Ricini, ℥ss.
Syr. Bal. Tolut. ℥iv. Misce.

Dose, Tablespoonful every 3 or 4 hours, during the day - a Dovers powder at night. For a child you must regulate the dose according to the age.

Then if the fever causes tough cough tight, breast sore and great pain and difficulty in breathing you may abstract a little blood locally from the surface of the chest. In such cases too counter-irritation and inhalations are of great value. As regards medicines antimony or ipecacuanha in nauseating doses, combined, it may be, with squills, and above all with small doses of opium, and frequently administered, is of great value. A prescription of

this kind I think would be very serviceable in the latter case, say - Rx -

Tartar emetic grs. I.
Pulv. Opium " Iss
Ipecac. " II,
Ft. pil. no. 8 -
One every 3 hours.

A large sinapism to the upper part of chest and frictions with oil of turpentine tend to give great relief. When the bronchial secretion becomes abundant and muco-purulent you may replace this latter prescription by one

of this kind ammonia, sene-
ga and opium in small
doses. There is some dan-
ger in giving opium in
certain stages of bronchitis
for example, if our patient
should show signs of im-
perfect aëration of blood
or when his bronchial tubes
are overloaded with mucus
I do not think it prudent
to use opium for it tends
to check bronchial secretion
In chronic bronchitis, when
exacerbations are present
the treatment is the same
as in the acute affection.

As a whole however you mustn't do anything to depress the patient. Strong counter-irritants over the chest, say, Croton oil, gtt. V to as much sweet oil applied nightly until a papular eruption occurs. Painting with the Tr. of Iodine, or a Burgundy pitch plaster will be good; besides you need stimulative and alterative expectorants and tonics. Besides squill and senega you may use ammonium chloride and Copaiba as stimulant expectorant.

Balsamic inhalations are very beneficial indeed in chronic inflammation or irritation of the air passages. If the system is below par, Cod-Liver oil, Iron and Quinine are important. The hygienic treatment is especially useful here, and when all medicines fail, a change of air may entirely cure.—

Very truly
L. T. Walter.
University of Md.